

Capital Campaign Draft Authorization Form

I hereby authorize Trinity Christian Academy to initiate debit entries to the checking or savings account indicated below and to initiate ACH credit/debit entries and adjustments for any debit entries in error to my account indicated below at the named financial institution.

FINANCIAL INSTITUTION _____

**BANK ROUTING
NUMBER** _____

**BANK ACCOUNT
NUMBER** _____

**CHECKING or
SAVINGS?** _____

This authority is to remain in full force and effect beginning the 25th day of _____ 2009 for \$ _____ and continuing on a monthly basis for _____ months, thus ending on _____ 25, _____.

**BY (NAME
PRINTED)** _____

SIGNATURE _____

DATE _____