Church of Christ University Center ACH AUTOMATIC CONTRIBUTION FORM

This is authorization to charge my checking/s	savings account:	
Account Number	ABA Routing # (a 9 digit bank id number on the bottom left of your check)	
Name of Financial Institution		
on the $10^{ ext{th}}$ day of every month, beginning _	of	(Year)
in the sum of (amount of monthly gift)	_ which will be dep	oosited into the
Church of Christ University Center's checking	account #165059	with Stillwater
National Bank, Stillwater, OK on the same da	y as stated above.	
Name (Please print)		
Address		
City, State, Zip		
Signature		
PLEASE ATTACH A VOIDED CHECK FROM YO WHERE THE FUNDS WILL BE DRAWN.	UR FINANCIAL INS	TITUTION

Please return this form to: Church of Christ University Center 821 North Duck Stillwater, OK 74075 If you have any questions, please contact us via phone at 405-372-5682, or by email at monty.daffern@stillwatercoc.org