



Authorization for Automatic Payment

I authorize Urban Concern (Xenos Christian Fellowship, its agent) and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution's statement or 60 days after posting, whichever occurs first.

Name of Bank

Signature

Phone Number

Your Name

Your Address

Checking Account # _____ or Savings Account # _____

Routing Number _____

(Between the : : symbols on the bottom left of your check)

Debit my account for \$ _____ Beginning _____, 2_____

Debit my account for the above amount on:

_____ The 1st of each month

_____ The 16th of each month

_____ Both the 1st and 16th of each month

Ending date (last withdrawal from account) _____, 2_____

Apply these funds to the following (check one):

- Urban Concern Annual Fund
- Harambee Scholarship Fund
- Harambee Capital Fund

Attach a voided check or deposit slip here