

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

Your name:		
Address:		
City, State, Zip:		
Phone:		
Email address:		
I would like to make the following contribution(s):		Date of first contribution: ___/___/___
General Operating Fund	\$ _____	Frequency of contribution (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Fund	\$ _____	
Mortgage Fund	\$ _____	
Total		

ACH BANK TRANSFER		
9 Digit Routing #:		Account #:
CREDIT/DEBIT CARD		
Name:		
Card #:		
Exp. Date:		CVC:
<input type="checkbox"/> Yes, I would like to cover the processing fee		
I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized signature: _____ Date: / /		

Please drop off completed form at the church office

Oct 2023