
Name (Please Print)

Address

City/State/Zip

Email

Home Phone

.....

**Yes! I/We will support our church
in the coming year.**

CHOOSE ONE:

\$ _____ weekly for 52 weeks

\$ _____ semi-monthly for 24 periods

\$ _____ monthly for 12 months

\$ _____ as follows _____

signature

date

.....

Electronic Funds Transfer Authorization

Please indicate the frequency of the automatic draft.

- Weekly**—Withdrawn on Mondays
- Semi-Monthly**—Withdrawn first and third Monday of each month
- Monthly**—Withdrawn the first Monday of each month
- Monthly**—Withdrawn the third Monday of each month

_____ Use bank account information currently on file.

OR

_____ Attach a voided check for the account from which withdrawals will be made. Withdrawals will begin in January unless otherwise specified.

Note: All withdrawals will be on the indicated day unless it is a non-banking business day in which case the withdrawal will take place on the next banking business day.