

Automatic Withdrawal (ACH) Authorization Form for Church Contributions

[INSERT CHURCH NAME HERE]
[Insert Church Address Here]
[Insert Church City, State & Zip Code Here]
[Insert Church Phone Number Here]

"As each one has received a gift, use it to serve one another as good stewards of God's varied grace" (1 Peter 4:10)

Authorization for Direct Payment

I (we) _____ authorize [Insert Church Name] to initiate a withdrawal from:

ACCOUNT INFORMATION

<u>Bank Account Information</u>	<u>Credit Card (CC) Information</u>
Bank Name: _____	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Name on the account: _____	CC Number: _____
<input type="checkbox"/> Checking (Please attach a voided check)	CC Expiration Date: _____ / _____ Month Year
Routing Number: _____	
Account Number: _____	
Email Address: _____	

CONTRIBUTION SCHEDULE

<u>Fund Type:</u> <i>Please circle one</i> Adult Envelopes Capital Campaign Capital Improvements	<u>Payment Schedule:</u> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<u>Amount:</u>	<u>Payment Start Date:</u>	<u>Collection Date:</u> <i>Date to be withdrawn from your account</i>
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I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$____ nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: _____ Date: _____

Contribution Envelope Number: _____

CONFIDENTIALITY STATEMENT

The above information will not be disclosed to any unauthorized personnel or financial institutions.

PLEASE RETURN COMPLETED FORM, ALONG WITH A VOIDED CHECK (CHECKING ACCOUNT) TO:

[Contact Name & Title] | [Church Name] | [Church Address] | [Church City, State & Zip Code]

A copy of this form will be returned to you along with a letter of acknowledgement.