

Electronic Giving Form

Open your heart without opening your checkbook.



Name		
Address		
City, State, Zip		
Home Phone	Work/Cell	Date of first contribution

Frequency of contribution

(check one)

- One-Time
- Weekly on Mondays
- Semi-monthly (1st & 15th)
- Monthly on the 1st

Church funds & contribution amounts

(Fill in dollar amount)

- General Fund \$ _____
- Building Fund \$ _____
- Hunger & Human Needs \$ _____
- Other _____ \$ _____

Payment method (check one)

- Checking Account—*attach voided check*
- Saving Account—*contact bank for routing number*
- Credit Card/Debit Card

Checking/Saving Account Information

Valid routing number must start with 0, 1, 2 or 3

Routing No. _____ Account No. _____

Credit/Debit Card Information

Card Type: Visa MasterCard Discover American Express

Card Number	Expiration Date
Name on Card	
Billing Address	

I authorize the above church to debit my bank account or charge my credit card in accordance with the information provide above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

03/2009

Signature on bank account/credit card _____

_____ Date