AUTHORIZATION FOR DIRECT PAYMENT OF OFFERINGS

I authorize American Reformed Church to initiate entries to my checking/savings account, and if necessary, to electronically credit my account to correct an erroneous debit. I agree that ACH transactions I authorize comply with the law of the United States and all applicable laws. This authority will remain in effect until I notify you in writing to cancel it in such a time as to afford the church a reasonable opportunity to act on it.

Name of Your Bank: _____

Address of Your Bank: _____

_____

City State Zip

Bank Routing Number: _____

Bottom Left numbers on your check

Bank Account Number: _____

Bottom Middle numbers on your check

Is it Checking or Savings: **Checking** **Savings**

(Circle one)

Recurring charge: Weekly - your account is generally charged on Fridays.
Monthly- choose either 1st of the month or 15th of the month.

I would like my account charged: **Weekly** **Monthly 1st** **Monthly 15th**

(Circle One)

Effective Start Date: _____ Effective End Date: _____

(Enter "None" if no end date)

Offering Amount: $_____ (enter *Grand Total* you want debited from your account)

I would like my offering applied to :

General Fund $_____ (enter an Amount)
Building Fund $_____ (enter an Amount)
Benevolent (Mission) Fund $_____ (enter an Amount)
Mission 6:10 (Trailer) $_____ (enter an Amount)
Expansion Fund $_____ (enter an Amount)

Your Name: _____

Address: _____

_____

City State Zip

Signature: _____

Date: _____

Please include a voided check