



Authorization Agreement for Electronic Transfer of Charitable Contributions

6528 Hamilton Blvd. | Allentown, PA 18106 | 610-395-4731 faithefc.com

Please indicate the purpose for initiation of this form:
o New Agreement o Change to an Existing Agreement o Termination of Agreement

Donor Name

Address

Envelope Number (if applicable)

Phone

I hereby authorize FAITH CHURCH to initiate debit entries or credit entries if necessary to my account stated below at the depository financial institution named below and the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Account Information:
o Checking (please fill out the information below AND attach a voided check)
o Savings (please fill out the information below AND attach a Bank Specification Sheet)

Account Name (Title)

Bank Name

Branch

City

State/Zip

Routing Number

Account Number

I wish to contribute the following (please fill in the amount and frequency below):

Amount:
• Specify Dollar Amount: \$_____.00
Frequency:
• Weekly: Beginning on Monday, _____ and continuing every Monday until agreement is terminated. (date)
• Monthly: Beginning on Monday, _____ and continuing on or about the first Monday of each month until agreement is terminated.

Designation:

- General Fund \$_____ ã Missions Fund \$_____
• Building Fund \$_____ ã Benevolent Fund \$_____

This authorization is to remain in full force and effect until FAITH CHURCH has received written notification from me of its termination in such time and in such manner as to afford FAITH CHURCH and my above-stated bank a reasonable opportunity to act on it.

Name (please print) Signature Date