



Authorization for Auto Offering

I/We authorize **Faith Reformed Church** (the “Church”) to initiate Electronic debit entries to my/our account as described below?

Account Number: _____
Routing Number: _____

Type of Account: checking
savings

Financial Institution Name: _____

Financial Institution Address: _____

*****Please attach a voided check for checking accounts / or a deposit slip for savings account.*****

I/We authorize the Church to initiate one monthly transaction in the amount of \$ _____
To be debited on the **20th** calendar day of each month or the next business day when applicable.

OR

I/We authorize the Church to initiate two monthly transactions in the amount of \$ _____
To be debited on the **5th** and the **20th** calendar day of each month or the next business day when applicable.

This authority is to remain in full force and effect until the Church has received written notification from me of its termination or change in such time and manner as to afford the Church a reasonable opportunity to act on it.

Signature _____

Your Name _____

Offering Envelop Number _____

Date: _____ Phone Number: _____

Optional (For Joint Account Holders Only)

2nd Signature _____

2nd Name _____

Date: _____ Phone Number: _____

Please return this completed form, along with a voided check to Kris Kettenhoven, treasurer. There is a Treasurer’s mailbox in the Information Center. The treasurer will notify you when your first or your changed electronic transaction will occur. Please allow at least 10 days from the receipt of this form.

NOTE: Remember to enter the transaction(s) in your checkbook each month. You will receive no other notification of these transactions until they appear on your bank statement.

Current users of Auto Offering: To change your amount or your account information, provide only the changed information, your signature(s) and date.