

BANK DEBIT

GCFC AUTOMATED GIVING ENROLLMENT FORM

Enroll me in Automated Bank Debit

Please make my gift payment directly from my:

Checking Account Savings Account

To enroll, complete this form and drop it in the offering bucket.

General Information:

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Select one of the following:

New Enrollment Change in Amount Change in Account

Frequency and Amount of Transfers:

1st of every month in the amount of \$ _____

15th of every month in the amount of \$ _____

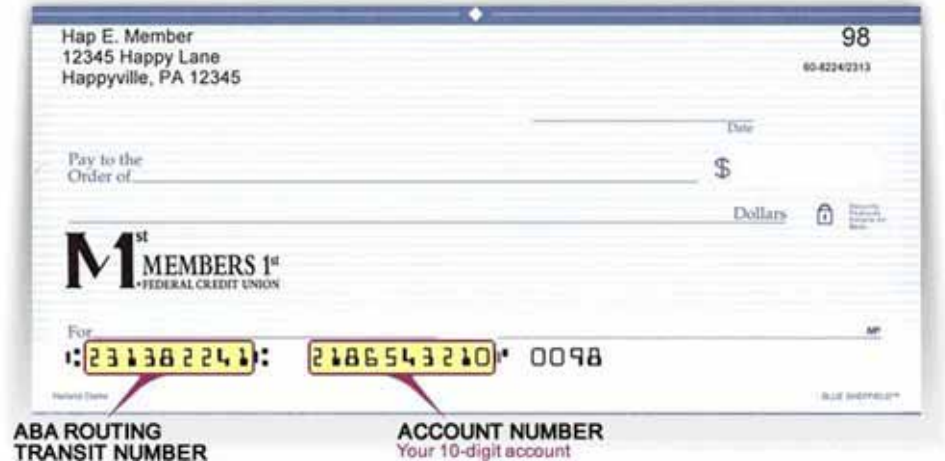
1st & 15th of every month in the amount of \$ _____

Weekly (every Friday) in the amount of \$ _____

Other _____ \$ _____

When do you want your automated giving to begin? _____

To change the amount of your automated gift, you can call or email the new information to the GCFC office, or fill out and return this form. Account numbers are not needed to make a change.



Routing Number: _____

Account Number: _____

Authorization:

I authorize Grace Christian Fellowship Church to process debit entries to my account as indicated herein. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature: _____

All gifts are tax deductible.