

E-GIVING AUTO DEBIT AUTHORIZATION FORM

I authorize Church of the Open Door and the financial institution named below to initiate entries to my checking or savings account. This authority will remain in effect until I notify the church to modify or cancel it. I can modify or cancel this authorization by notifying Church of the Open Door in writing 14 days before my account is to be charged.

(Name of Financial Institution) (Branch)

(Address of Financial Institution) (Street) (City) (State) (Zip)

(Signature) (Date)

(Signature of Joint Account Owner) (Date)

(Name – Please Print) (Phone Number – Required)

(Name Joint Owner – Please Print) (Phone Number – Required)

(Address – Please Print) (Street) (City) (State) (Zip)

Checking Account No: _____ Savings Account No: _____

Financial Institution Routing No: _____

Please choose one of the following automatic offering options:

Weekly _____ processed each Monday

Semi-Monthly _____ processed the 15th day and the last business day of each month
(if the 15th occurs on a weekend or holiday, contributions will be processed on the following business day)

Monthly _____ processed the first Monday of each month

Total weekly, semi-monthly or monthly offering: \$ _____ to be allocated as follows:

General Ministry Fund: \$ _____

Global Missions Fund: \$ _____

Capital Facilities Fund: \$ _____

Benevolence Fund: \$ _____

Please attach a copy of a voided check for verification of account information.

PLEASE NOTE: Because the church is charged fees for insufficient funds, if more than one E-giving fails due to insufficient funds within a 3 month period, the church reserves the right to remove the donor from the E-giving plan.