



Instructions:

1. Your Name \_\_\_\_\_
2. Fill in **total** weekly or monthly donation in first paragraph on reverse side of this form
3. Fill in participant information in the second paragraph, on reverse side of this form, with your name, signature and envelope number (if applicable)
4. Fill in your bank account information, on reverse side of this form, in the third paragraph
5. Attach a voided check
6. Do you want your donations to occur:  Weekly  Monthly \* See details below
7. How do you want **each** gift designated:

General Operations	\$ _____	Other	_____	\$ _____
Missions	\$ _____	Other	_____	\$ _____
Other	\$ _____	Other	_____	\$ _____
<b>Total</b>				<b>\$ _____</b>

This agreement can be changed at any time by completing a new form. However, you do not need to attach another check (unless you are changing accounts). In order to keep things simple, we ask that you do not submit change forms for one time special designations. If you would like to give over and above your "regular" giving or occasionally to a specific need, please do that by writing a check and using a giving envelope.

This agreement can be stopped at any time by contacting Terri McMullen in the church office at 464-2782 ext. 131 or by email at [tmcmullen@gracewv.org](mailto:tmcmullen@gracewv.org).

\* If you choose weekly donations the transaction will occur every Monday. If you choose monthly donations the transaction will occur the first Monday of each month.

**Please return this completed form to the church office by dropping it in the offering or putting it in the gold mailbox beside the entrance doors in the upstairs lobby.**



**For office use only**

Name \_\_\_\_\_

Thank you for signing up for automatic donations to Grace Church. Your weekly/monthly gift of \$\_\_\_\_\_ will begin on \_\_\_\_\_. We will designate your giving as follows:

General Operations	\$ _____
Missions	\$ _____
Other	\$ _____

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize Grace Church at Willow Valley (hereinafter called **COMPANY**) to initiate debit entries in the amount of \$ to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**), and to debit the same to such account and send this amount to the Company.

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

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_

By: \_\_\_\_\_

Please type or print

Participant's Signature

Envelope #: \_\_\_\_\_

Date: \_\_\_\_\_

**BANK ACCOUNT INFORMATION**  
(Attach copy of voided check)

Jane M. Doe  
John P. Doe  
2020 Main Street  
Anywhere, PA 12345-6789

60-142  
313

101

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

**SAMPLE CHECK**

DOLLARS

MEMO \_\_\_\_\_

ψ: 031301422ψ: 4321 98765 ξξV 101

Attach voided check here

Bank 9-digit ABA Transit Routing Number

Account Number