



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	_____	\$ _____
Other	_____	Other	_____	\$ _____
Total				\$ _____

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.

* 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	\$ _____
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