



Electronic Giving Enrollment Form

Personal Information

Name _____

Address _____

Phone _____

Email _____

Signature _____

Financial Institution Information

(Please attach a bank deposit slip or a voided check)

Name _____

Address _____

Phone _____

Routing # _____

Account # _____

I hereby authorize Moran Park Church (MP) to initiate debit entries and adjustments for any transaction debited in error to my/our checking/savings account at the financial institution listed above. This authority will remain in effect until MP is notified by me in writing to cancel it in such time as to afford MP a reasonable opportunity to act upon it.

Frequency: Monthly (on the 5th of the month)

Weekly (on Tuesdays)

Amount: \$ _____