

Check applicable box. In all cases, you must sign this form in order for it to be valid. If more than one person is on the account to be debited, all named parties on the account must sign this agreement.

- New Participant (voided check or deposit ticket must be attached)
- Change of account and/or financial institution (voided check or deposit ticket must be attached)
- Change of amount and/or distribution or contribution
- Cancellation of participation

I hereby authorize Fellowship Reformed Church to electronically debit \$ \_\_\_\_\_ from my (checking/savings) account at the financial institution named on my attached check or savings deposit slip. This gift will be designated to the Fellowship Reformed Church ministries listed below in the amounts indicated below.

This authorization will begin on \_\_\_\_\_ (please turn your form in at least 14 days before your start date) and continue:

- Choose one:  Monthly on the 15<sup>th</sup> day of the month (or the next banking day)  
 Semi-Monthly on the 1<sup>st</sup> and 15<sup>th</sup> days of the month (or next banking days)

This contribution is to remain in full force and effect until I notify Fellowship Reformed Church in writing to terminate or change the deduction in such time and in such manner as to afford the church a reasonable opportunity to act on it. I understand I will not receive pre-notifications of withdrawals.

Tithes & Offerings	\$ _____	Capital Improvements Fund	\$ _____
Children's Ministry	\$ _____	Youth Ministry	\$ _____
Food Pantry	\$ _____		
Other – Please Specify	\$ _____		

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

