



## AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER OF CHARITABLE CONTRIBUTIONS

Please indicate the purpose for initiation of this form:

- New Agreement       Change to an Existing Agreement       Termination of Agreement

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Address & Phone

I hereby authorize Covenant Life Church to initiate debit entries to my account(s) stated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### Bank Account Information:

- Checking** (Please fill out the information below OR attach a voided check).  
 **Savings** (Please fill out the information below OR attach a Bank Specification Sheet).

_____ Bank Name	_____ Branch
_____ City	_____ State      _____ Zip
_____ Routing Number	_____ Account Number

I wish to contribute the following (Please fill in amount and frequency below):

### Amount:

- Specific Dollar Amount: \$ \_\_\_\_\_ .00

### Frequency:

- Weekly (Beginning on Tuesday, \_\_\_\_\_ and continuing every Tuesday until agreement is terminated).  
 Bi-Weekly (Beginning on Tuesday, \_\_\_\_\_ and continuing every other Tuesday until agreement is terminated).  
 Monthly (Beginning on Tuesday, \_\_\_\_\_ and continuing on or about the first Tuesday of each month until the agreement is terminated).

This authorization is to remain in full force and effect until Covenant Life Church has received written notification from me of its termination in such time and in such manner as to afford Covenant Life Church and my above-stated bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-Mail Address