

PLEDGECONNECT ENROLLMENT

AUTHORIZATION FORM FOR ELECTRONIC CONTRIBUTIONS

CONTRIBUTION INFORMATION:

Contribution(s) shall be in the amount of \$ _____ and shall be payable on one of the following intervals:

- One-Time, single donation.
- Weekly, on the following day of each week _____ (Mon-Sun), or
- Monthly, on the following day of each month _____ (1st – 30th).

Contribution(s) shall be made to one of the following designations:

- Offertory
- Second/Other Collections: _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

Electronic Check (Electronic Fund Transfer)

I hereby authorize Church of the Heavenly Rest to withdraw or begin withdrawing funds from my bank account indicated by my attached voided check.

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Credit Card or Debit Card

I hereby authorize Church of the Heavenly Rest to charge my Credit / Debit Card listed below.

Type of card: Visa MasterCard Discover American Express

Card number: _____ Expiration: Month _____ Year _____

Name as it appears on the card: _____

ALL PARTICIPANTS PLEASE FILL OUT THE FOLLOWING:

Full Name (Print): _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: (H) _____ (W) _____ (Cell) _____

E-Mail Address: _____

Envelope Number on Church Offering Envelopes: _____

Signature: _____ Date: _____