

# GFC AUTOMATED GIVING ENROLLMENT FORM

**General Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Select one of the following:**

- New Enrollment       Change In amount/ date\*
- Change in account       ACH Cancellation

**Frequency and Amount of Transfers:**

- 1st of every month in the amount of \$ \_\_\_\_\_
- 15th of every month in the amount of \$ \_\_\_\_\_
- 1st & 15th of every month in the amount of \$ \_\_\_\_\_
- Weekly in the amount of \$ \_\_\_\_\_

What day?: \_\_\_\_\_

When do you want your automated giving to begin? \_\_\_\_\_

\*To change the amount or the specified date of your automated gift, you can call 623.393.8386 x 102 or email [pamela@graceinbuckeye.com](mailto:pamela@graceinbuckeye.com). You can also fill out this form and return it to pamela at the church office. Account numbers are not needed to make the change.

**Enroll me in Automated Bank Debit:**

Please make my gift payment directly from my:

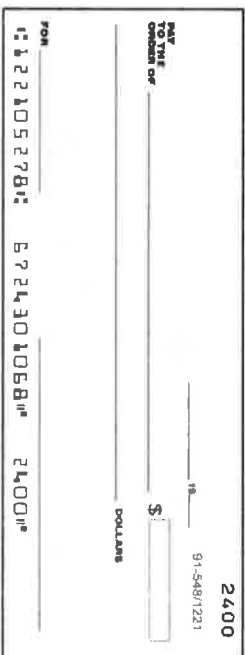
- Checking account
- Savings account

*Please give the following information or attach a voided check*

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

Please allow 30 days for debit authorization to take effect



**Authorization:**

I authorize Grace Fellowship Church of \_\_\_\_\_ Buckeye to process debit entries to my account as indicated herein. This authority will remain in effect until I give a reasonable notification to terminate the authorization.

Authorized signature: \_\_\_\_\_

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

**Cancellation:**

*I request Grace Fellowship Church of Buckeye to cancel my ACH deposits effective date of: \_\_\_\_\_*

Authorized signature: \_\_\_\_\_

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