

**Please indicate the purpose for initiation of this form:**

- New Agreement       Change to an Existing Agreement       Termination of Agreement

|            |               |
|------------|---------------|
| _____      | _____         |
| Donor Name | Address       |
| _____      | _____         |
| Phone      | Email Address |

*I hereby authorize CALVARY CHURCH to initiate debit entries or credit entries if necessary to my account stated below at the depository financial institution named below and 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       Savings (please include all information below AND attach a Bank Specification Sheet)

|                |                |
|----------------|----------------|
| _____          | _____          |
| Bank Name      | Branch         |
| _____          | _____          |
| City           | State/Zip      |
| _____          | _____          |
| Routing Number | Account Number |

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

**Amount:**

Specify Dollar Amount: \$\_\_\_\_\_.00

**Frequency:**

**Weekly:** Beginning on Monday, \_\_\_\_\_ and continuing every Monday until agreement is terminated.  
(date)

**Monthly:** Beginning on Monday, \_\_\_\_\_ and continuing on or about first Monday of each month until agreement is terminated.  
(date)

**Designation:**

- |  |   |
|--|---|
| ✦ General Fund \$_____                             | ✦ International Ministries Fund \$_____ |
| ✦ Building Fund \$_____                            | ✦ Benevolent Fund \$_____               |
| ✦ Quakertown General Fund \$_____                  | ✦ Quakertown Benevolent Fund \$_____    |
| ✦ Quakertown International Ministries Fund \$_____ |   |

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

|                     |           |       |
|---------------------|-----------|-------|
| _____               | _____     | _____ |
| Name (please print) | Signature | Date  |

Please return original form to our accounting department.

Questions? Email [office@calvary-church.com](mailto:office@calvary-church.com)