

ACCOUNT SET-UP MANUAL AUTHORIZATION FORM

Name: _____

Address: _____

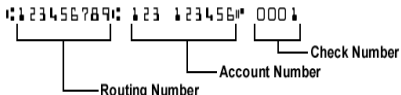
Email Address: _____

City: _____

State: _____

Zip: _____

ELECTRONIC GIVING AUTHORIZATION FORM

Payment Frequency	Electronic Fund Transfer (EFT)	Credit Card Payment
Start Date: ___/___/___ Frequency/Amount: <input type="radio"/> Weekly _____ <input type="radio"/> Monthly _____ <input type="radio"/> Quarterly _____ <input type="radio"/> Annually _____	<input type="radio"/> Checking <input type="radio"/> Savings Account # _____ Bank Routing # _____ <div style="text-align: center; margin-top: 10px;"> <i>(always 9 digits)</i>  <p style="font-size: small; margin: 0;"> 123456789 123 123456* 000 └─── Routing Number ───┬─── Account Number ───┬─── Check Number </p> </div>	Card Number _____ Name on Card _____ Expiration Date ____/____ Billing Address <i>(if different from reverse side)</i> _____ _____ <input type="radio"/> Optional : Add an additional 2.75% to defray card processing fees

I authorize Countryside Community Church to process transactions in accordance with the above information. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ (as appears on card or account) Date: _____

For any of the following situations:

- change banks or accounts
- get a new card with new expiration date
- would like to change the amount or frequency
- would like cancel the service or make any changes to the service

Please complete a new Authorization Form or log back into your account.

If you have any questions call Shari in the Church office at 402-391-0350.

The Church will issue you a quarterly donation statement for your tax records and your bank will provide you with a record of transfer as additional proof of your contribution.

Please return this authorization form to the church financial office.