

Grace Community Church

Recurring Giving Enrollment Form

To enroll in electronic giving, please complete this form and return to the church via the lobby collection box or mail to the address at the bottom of the page. If you have questions or need assistance, please contact the church office at 913-592-2036.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

New Enrollment Change in Amount Change in Acct. Info Change in Frequency or Date

Total Amount: \$ _____ Allocate To: _____ Title: \$ _____
\$ _____ Faith Promise: \$ _____
Other: _____ \$ _____

Start Date: ___ / ___ / ___ Frequency: Every Friday
 1st of month
 15th of month
 1st & 15th of month

Name of financial institution: _____
Routing #: _____
(No. between the I : I: symbols)
Account #: _____

Please attach voided check (for checking acct.) or deposit slip (for savings acct.)

I authorize Grace Community Church to process debit entries against my account as indicated herein. Recurring authorizations will remain in effect until I give reasonable notification to terminate this authorization.

Signature: _____

Date: _____

Remember, all donations are tax deductible. Giving reports will be sent to document your giving.

Thank YOU for supporting the mission of Grace Community Church and the Kingdom of God!