

Faith Church  
100 81<sup>st</sup> Avenue - Dyer, IN 46311  
219.864.0300



## Electronic Giving Transfer Authorization

We offer electronic giving as a more convenient way of giving back to God a portion of what He has blessed us with.

I authorize Faith Reformed Church of Dyer Indiana to automatically withdraw my giving as indicated on this form.

**Please debit my: (Check one)**

\_\_\_\_\_ Checking Account # \_\_\_\_\_

\_\_\_\_\_ Savings Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_

Bank Routing # \_\_\_\_\_

**Amount:**

Regular Offering - **TOTAL** amount per month \$ \_\_\_\_\_

**Choose monthly or bi-monthly withdrawals. (Check one)**

\_\_\_\_\_ Monthly withdrawals will be on the (circle one) 5<sup>th</sup> or the 20<sup>th</sup> of the month.

\_\_\_\_\_ Bi-monthly withdrawals will be on the 5<sup>th</sup> and 20<sup>th</sup> of the month.

If either of the days falls on a non-banking business day, the withdrawal will be on the next banking business day.

Please attach a voided check or deposit slip from the account in which automatic withdrawals will be made. Specify the month you want automatic withdrawals to begin.

Month: \_\_\_\_\_

If ever you need to change or cancel this authorization, please contact us. This authorization will remain in effect until we are notified otherwise.

**Signature** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Envelope # \_\_\_\_\_ Date \_\_\_\_\_

Please return in the envelope and bring to the Info Center or the church office. A receipt will be given at the end of each year based on your envelope #.