

## Okolona Christian Church E-Giving Authorization Form

I Hereby authorize Okolona Christian Church and National City Bank to make withdrawals from my account as indicated below. This authorization will remain in effect until I provide notice in writing to cancel it. I understand that cancellation or any change in this authorization will take a minimum of five (5) working days to process.

<b>For Office Use Only</b>	Envelope# _____	Date: _____
<b>Giver Authorization Form</b>		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount		<input type="checkbox"/> Discontinue Electronic Contribution
Name of Giver: _____		Phone: _____
Address: _____		Email: _____
City: _____	State: _____	Zip: _____
<b>Contribution Frequency</b>		
<input type="checkbox"/> <b>One Time</b> on _____		
<input type="checkbox"/> <b>Weekly</b> (Transferred on Mondays)		
<input type="checkbox"/> <b>Bi-Weekly</b> (Transferred on Alternate Mondays) Beginning _____		
<input type="checkbox"/> <b>Twice Per Month</b> (Transferred on the 5 <sup>th</sup> and 20 <sup>th</sup> )		
<input type="checkbox"/> <b>Monthly</b> (Transferred on either the 5 <sup>th</sup> or the 20 <sup>th</sup> ) CIRCLE ONE: 5 <sup>th</sup> 20 <sup>th</sup>		
<input type="checkbox"/> <b>Quarterly</b> (The 1 <sup>st</sup> of the month) Beginning _____ (and then every 3rd month on the same day)		
<b>Contribution Amounts:</b>		
<b>General Fund</b>	\$ _____	NOTE: If you make your General Fund gift and your FTF gift on different schedules, please fill out a separate authorization for each withdrawal.
<b>FTF</b>	\$ _____	
<b>Total Amount Per Withdrawal</b>	\$ _____	(This amount will be withdrawn from your account at the intervals indicated above)
Please take my contribution directly from account specified:		
<input type="checkbox"/> Checking Account (Attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)
Bank Routing #: _____ (ask your bank)		Account #: _____
Routing number must start with 0, 1, 2, 3, is 9 digits long, and is located at bottom of check between these symbols : :		
I want to continue to receive offering envelopes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have attached a voided check or savings deposit slip:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorized signature on my account: _____		Date: _____
<b>Please attach a voided check or savings deposit slip.</b>		

Once the form is completed, please return to: Okolona Christian Church  
 Attn: Elaine Duncan  
 10801 Faithful Way  
 Louisville, KY 40229