



ONLINE GIVING SETUP FORM - Periodic Bank Draft

Use this form to submit your request for ACH Bank draft of your contributions:

Name: _____ **Phone #** _____

Address: _____ **Email** _____

Banking Information:

Please attach a VOIDED Check

Bank _____

Checking Savings

Routing Number _____ **Account Number** _____

Giving Details: Amount to be drafted \$ _____

Begin drafting on _____

Weekly (circle preferred day of week) Monday Tuesday Wednesday Thursday Friday

Bi-Weekly (circle preferred day of week) Monday Tuesday Wednesday Thursday Friday

Semi-Monthly Specify days of the month (i.e 1st and 15th) _____

Monthly Specify Day of the month _____

Special Instructions: _____

Signature: _____ **Date** _____

Return this form along with a voided check to the church office or directly to Clay Whitmire