

ELECTRONIC GIVING AT CHRIST CHURCH

First and Last Name: _____

Phone: _____ Email _____

Total Amount of Giving for 2018: \$ _____

Payment Frequency: Weekly Monthly Yearly

Account Type: Checking Savings

IN ORDER TO COMPLETE THIS AGREEMENT, YOU MUST ATTACH A VOIDED CHECK ON THE BACK OF THIS FORM.

I hereby authorize Christ Church to withdraw the above designated funds on the mutually agreed upon schedule until such time that authorization is cancelled or December 31st 2018. I agree to notify Christ Church in writing of any changes to the designated account.

Signature _____ Date _____

Please return this card to the parish office by December 1, 2017