



**Authorization Agreement for Automatic Electronic (ACH) Donations**

I/we hereby authorize Trinity Christian Reformed Church of Rock Valley, Iowa, to initiate debit entries from my/our account at my/our financial institution as indicated below. These debits will be made on the 1st of each month. This authorization is to remain in full force and effect until Trinity CRC has received written notification from me/us of its termination in such time and in such manner as to afford Trinity CRC and my financial institution a reasonable opportunity to act on it. I/we acknowledge that these transactions must comply with the provisions of United States law.

**Name(s)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_

**Account Type**     Checking account       Savings account

**Bank Address** \_\_\_\_\_

*Street*    *City*    *State*    *Zip*

Please indicate the dollar amount to contribute to each fund below:

**General Fund/Budget** (196819)    \$ \_\_\_\_\_ . \_\_\_\_\_

**Deacons Benevolence Fund** (196886)    \$ \_\_\_\_\_ . \_\_\_\_\_

**Giftng for Missions Fund** (280852)    \$ \_\_\_\_\_ . \_\_\_\_\_

**Mission Partner TVT** (196827)    \$ \_\_\_\_\_ . \_\_\_\_\_

**Building Fund** (196835)    \$ \_\_\_\_\_ . \_\_\_\_\_

**Christian Education Fund** (197122)    \$ \_\_\_\_\_ . \_\_\_\_\_

**Weekly Offerings\*** (196827)    \$ \_\_\_\_\_ . \_\_\_\_\_

**TOTAL**    \$ \_\_\_\_\_ . \_\_\_\_\_ each month

\*The amount designated to the weekly offerings will be divided equally by the number of Sundays in the month and distributed according to the designated offerings received that month.

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

Please complete this form and return it to the church office. Thank you!