

eTithe

at

ADVENT
PRESBYTERIAN CHURCH



I authorize Advent Presbyterian Church to initiate a charge and/or credit to my bank account at the financial institution listed below and to initiate necessary adjustments for transactions made in error. This authority remains effective until I notify Advent Presbyterian Church in writing to cancel or amend and provide Advent and the financial institution a reasonable opportunity to act upon it.

Name of Account Holder _____

Name of Financial Institution _____

Financial Institutions routing Number _____

(9 digits at bottom of check between "1: 1:")

Checking/Savings Account Number _____

	1st Day of Mo.	15 Day of Mo.	Monthly Total
Amount to Transfer to Operating Fund per Period	_____	_____	_____
Amount to Transfer to Building for Eternity per Period	_____	_____	_____
E-mail address to receive confirmation	_____		

Date to begin Automatic Collection _____

Account Holder's Signature and Date: _____

Joint Account Holder's Signature and Date: _____

(if Joint Account both parties must sign) _____

Attach Copy of Voided Check to this form

Return this form to the church office, the collection plate, or mail to:

Advent Presbyterian Church
1875 N. Germantown Parkway
Accounting Office