

Direct Giving Authorization Form - First Evangelical Free Church

____ Yes, I/we wish to begin *Direct Giving* to First Evangelical Free Church under the follow terms:

Name (*please print*) _____ Phone _____

Address _____ City _____ State _____ Zip _____

I/we wish to contribute as follows:

General Fund Amount	\$ _____
Missions Fund Amount	\$ _____
Capital Fund Amount	\$ _____
Benevolence Fund Amount	\$ _____
Heritage2Hope	\$ _____
TOTAL AMOUNT	\$ _____

Please deduct the total amount from:

____ Checking

____ Savings

____ Every Friday (including 5th Friday)

____ Every other Friday (1st, 3rd, 5th of every month)

____ Monthly on the ____ (1st, 15th or 1st & 15th)

____ **Start Date**

I/we authorize First Evangelical Free Church and the designated financial institution to begin automatic *Direct Giving* deductions of my/our contributions from my/our checking or savings account. **Please attach a voided check.**

Bank _____ Bank account number _____

Bank routing number _____

Signature _____ Date _____

