

Loving God
Loving People



Living it out
All the time

e-tithe authorization form

DATE

/ /

PERSONAL INFORMATION

Full Name :

Email : Phone :

ADDRESS

Street Address :

City : State :

Zip Code :

PAYMENT INFORMATION

Bank Name

ABA/Routing # Account #

Account Type: (Checking or Savings) Amount:

Payment Frequency: Weekly Biweekly Monthly End Date

Authorization Agreement for Prearranged Payments:

I hereby authorize my financial institution and Vineyard Church of Wellsboro to charge the account specified in the amount of my Vineyard Church of Wellsboro donation and send that amount to Vineyard Church of Wellsboro. I agree that each charge to my account shall be the same as if I had signed a check to donate funds. This authority will remain in effect until I supply Vineyard Church of Wellsboro with written notice to terminate the payment plan. Notice must be 15 days before the donation date and shall be effective only with respect to payments after the Church's receipt of such notification. In addition, I have the right to stop payment of a charge by notifying my financial institution before the stated due date. I understand that both the financial institution and Vineyard Church of Wellsboro reserve the right to terminate this payment plan and/or my participation therein. Failure to notify Vineyard Church of Wellsboro of closing my bank account or to maintain sufficient funds may result in additional service charges.

Signature: Date: