



Authorization Agreement for Direct Payment Offerings

(General Fund Tithes & Offerings)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: _____ Email: _____

I hereby authorize Pinecrest Community Church, hereinafter called COMPANY, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY BANK, to debit same to such account in the amount of:

\$ _____ on the 5th day of each **MONTH** [starting: ____ - ____ - ____*]

\$ _____ on the 20th day of each **MONTH** [starting: ____ - ____ - ____*]

This authority is to remain in full force and effect until COMPANY and DEPOSITORY BANK has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it.

Note: please allow at least 10 days for set-up and pre-processing.

SIGNATURE: _____ DATE: _____

ATTACH VOIDED CHECK HERE

(Deposit Slips are not acceptable)

Mail this completed form to: Pinecrest Community Church
Attn: Accounting Dept.
7165 N. Delbert Rd.
Parker, CO 80138

OR drop by the church office and place completed form in the Bookkeepers box, or bring it directly to the Accounting Office. If you have any questions please call Deb Gardner at 720-851-2300 or email deb@pinecrestonline.org.