



Name: _____

Email: _____

Address: _____

Tithe Amount: _____

Frequency (circle one): Weekly / Every Other Week / Every Two Weeks (5th and 20th) Monthly / One-Time Gift

Method (circle one): Checking / Savings / Credit Card / Debit Card

Note: Valley is charged only 50 cents for any electronic check transaction, but slightly more (2.5%) for debit/credit cards. We do not advocate tithing on credit unless you pay it off each month.

For Checking or Savings Accounts:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

For Card Transactions:

Circle: Credit Card / Debit Card Visa / Mastercard

Name on Card: _____

Card Number: _____

Expiration Date: _____

Authorization:

I/we request my bank or credit card company to transfer funds in the amount listed below until further notice. I understand that I am in full control of my donation and anytime I wish to make changes to this arrangement I may do so by contacting Valley Christian Church in writing.

By submitting this form you hereby authorize Valley Christian Church to transfer funds in accordance to the information you have provided.

Signature: _____

Date: _____

(Please contact me when completed via: Phone ____ Email ____)