



# Automated Giving

## GENERAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## GIVING INFORMATION

New Enrollment     Change Amount     Change Account

Giving Amount \_\_\_\_\_ Start Date \_\_\_\_\_

Deduct this amount every:

1<sup>st</sup> of the month                       15<sup>th</sup> of the month

1<sup>st</sup> & 15<sup>th</sup> of the month               Week

To change any information for your automated giving, please re-submit this form. To cancel your automated giving, please email [finance@onelifeknox.com](mailto:finance@onelifeknox.com). Changes take effect every Monday.

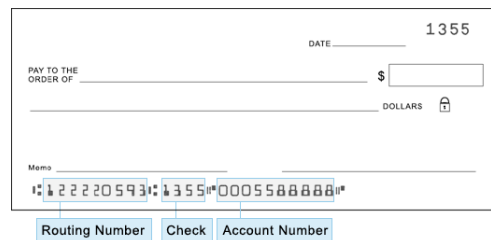
## ACCOUNT INFORMATION

Bank Name \_\_\_\_\_

Checking     Savings

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



## AUTHORIZATION

I hereby authorize OneLife Church to initiate debit entries from the account listed above, and when necessary initiate credits and adjustments for any debit entries in error. This authority will remain in effect until I give reasonable notification to terminate this authorization.

**Authorized Signature** \_\_\_\_\_

\*All gifts are tax deductible