Authorization for Direct Payment

Recurring Electronic Transaction Authorization

I authorize **Oakwood Church** to initiate recurring electronic deductions from the checking or savings account identified below on or about the 10th of each month for the amount(s) designated on this form.

This authorization will remain in effect until I notify Oakwood Church in writing of my request to change or cancel it; allowing a reasonable period of time for the request to be processed. I understand that I may also stop payment by contacting my financial institution in accordance with its applicable requirements.

ACCOUNT HOLDER INFORMATION

Full name (please print) Phone

Account type: ☐ Checking account ☐ Savings account

Routing number* Account number*

Signature Date

MONTHLY GIVING DESIGNATION

General Budget..... $ _____

Benevolent Fund..... $ _____

Global Parters ..... $ _____

Other (specify) _____ $ _____

Total Monthly Payment..... **$** _____

ACCOUNT VERIFICATION

Please **attach a voided check** or other documentation verifying the routing and account information provided above.

**Please use the routing and account numbers associated with the account from which you wish to draw deductions.*



The routing number used for electronic transactions may differ from other routing numbers assigned by your financial institution.

CHANGES OR CANCELLATION

To change or cancel this authorization, contact Oakwood Church and allow a reasonable period of time for processing.

Oakwood Church | give@oakwoodnow.org | (262) 367-1212 | 3041 Oakwood Road, Hartland, WI 53029

Electronic transactions will be processed through Oakwood Church's financial institution.