

# Spirit Of Life Fellowship

P.O. Box 136 Purchase, NY 10577-0136 [USA]



**“Give, and it *shall* be given unto you; good measure, pressed down, and shaken together and running over ...” Luke 6:38**

## Authorization for AUTOMATED GIVING ENROLLMENT

Have your gift automatically deducted from your bank account. To enroll, complete this form and mail it to the Church:  
**Spirit Of Life Fellowship, Administration Office, P.O. Box 136, Purchase, NY 10577- 0136, Attn: Finance Department.**

**Select one of the following:**

- New enrollment       Change in the amount

**Please print clearly and use a PEN!**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Frequency and Amount of Transfers:**

- 1<sup>st</sup> of every month in the amount of \$ \_\_\_\_\_  
 15<sup>th</sup> of every month in the amount of \$ \_\_\_\_\_  
 1<sup>st</sup> and 15<sup>th</sup> of every month in the amount of \$ \_\_\_\_\_

**When do you want your automated giving to begin?** \_\_\_\_\_  
Date

Please take my gift payment directly from my:

- Checking account       Savings account

Name of your bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

**Authorization:**

I authorize the Spirit Of Life Fellowship to process Automated Bank Debits to my account as indicated herein. This authority will remain in effect until I give reasonable **written** notification to terminate this authorization.

**Authorized signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_