AUTOMATIC RECURRING DONATION

The Oklahoma Ministry Network of the Assemblies of God provides you with the convenience of having your monthly contribution automatically deducted from your bank account via electronic fund transfer (ACH).

Authorization Agreement Automatic Withdraw (ACH Debits)

Your contribution will be deducted from your bank account on the date (or the next business day) and for the amount you indicate below. You will receive a year-end receipt as a record of your contribution. You can change the amount of the gift or withdraw from the program at any time. Changes and/or cancellations need to be made in writing and require 2 weeks notice.

Name:			····
Address:			
City:		State:	Zip:
Phone:	Email:		
I (we) authorize The Oklah Oklahoma, Inc. (OKAG Ne to allow the bank or credit amount and date stated be Network in writing.	twork) to initiate a debit e union where the account	ntry to the bank a exists to debit the	ccount indicated below and account for the payment
Bank or Credit Union:			
Address:			
City:		State:	Zip:
ABA Number:		*(first 9 digits	on bottom of check)
Account Number:		*(digits after A	BA number, but not check number)
Payment Frequency: (Pleas	e check one)	e Month	□ 25 th of the Month
Amount: \$	c	Checking	Savings
**PLEASE ATTACH A	A VOIDED CHECK FO ABA NUME	_	ON OF ACCOUNT AND
Signature:		Date	e:

NOTE:

See page 2 if you wish to contribute to any fund other than the General Fund.

OPTIONAL DESIGNATION OF CONTRIBUTION

**ONLY use this form if you would like to designate special offerings beyond your monthly tithe. Please be advised that this designation will remain in effect for the duration of this agreement unless we receive written notice.

MONTHLY MINISTERS TITHE	\$	
Departmental Support:		
DREAM	\$	_
Camp Cargill	\$	_
Missions	\$	_
Church Ministries	\$	
Children's Ministries	\$	
Chi Alpha	\$	_
Youth Ministries	\$	_
Women's Ministries	\$	_
Royal Rangers	\$	_
Girl's Ministries	\$	
Speed the Light	\$	_
BGMC	\$	_
Light for the Lost	\$	_
LIFE Pledge	\$	_
Other:	\$	_
TOTAL AMOUNT OF DRAFT:	\$	

PLEASE RETURN ALL FORMS TO:

OKAG Network Attn: Finance Office P.O. Box 13179 Oklahoma City, OK 73113

Questions? Contact: Finance Office 405-475-1100 finance@okag.org