



Heavenly Giving
An Automated Giving Program
The METropolitan Baptist Church

For where your treasure is, there will your heart be also. Matt. 6:21

Name (Please print as printed on bank acct.) _____

Home Phone Number _____

Address _____

Zip _____

New authorization	Change in authorized amount	Change in account	
Frequency	Fund Designation	Amount (contributions may be divided among funds)	Effective Date:
Semi-monthly (will be transferred the 5 th & 20 th of each month)	1. General/Operating Budget	\$ _____	
	2. Building Fund	\$ _____	
Monthly (will be transferred on either (circle one) 5 th or 20 th of each month)		Total \$ _____	

Please take my contribution directly from my:

Checking Account (attach a voided check) Account # _____
 Routing # (between the symbols 1:1:) _____

Please take my contribution directly from my:

Savings Account (attach a savings deposit slip) Account # _____
 Routing # (between the symbols 1:1:) _____

I authorize Metropolitan Baptist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give two (2) weeks advance notification to terminate this authorization.

Authorized signature on my account _____

Date _____

Attach voided check or savings deposit slip

INSTRUCTIONS

1. Complete the personal name and address information.
2. Designate whether this is a new authorization, a change in amount or a change in account.
3. Select frequency of contribution (If selecting monthly, also circle which date you want the transaction to occur – 5th or 20th).
4. Allocate total contribution by specific fund.
5. Designate the date on which you want this authorization to take effect (The church must receive this form at least two weeks prior to the effective date.).
6. Designate account type, account number and routing number.
7. Sign on the authorized signature line.
8. If this is a new authorization or change in account, attach voided check or savings deposit slip to this form.
9. Return completed authorization form to the church finance office.

FOR OFFICE USE ONLY
Envelope # _____

DATE OF 1st DRAFT:

