

Sapulpa Church of the Nazarene – Bank Draft Authorization

Please circle if this is a new transaction or a change.

New

Change

Contact Information:

Name: _____

Home Address: _____

Contact Phone Number: _____

Bank Debit Information

Routing Number: _____

Account Number: _____

Amount: _____

Frequency of Gifts (select one):

- One Time Gift
- Weekly (every Friday)
- Twice per month (on the 1st and 15th of each month)
- Monthly (on the 1st of each month)
- Monthly (on the 15th of each month)

When do you want the auto debit to begin?

(Date of first Transaction): _____

Giving Breakdown

Tithe	\$
Faith Promise	\$
Sunday School	\$
Other -	\$
Other -	\$
Total Amount of Transfer	\$

Authorization: I authorize Sapulpa Church of the Nazarene to process debit entries as indicated herein. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.

ATTACH VOIDED CHECK TO THIS FORM!

Authorized Signature: _____ Date: _____

Return Voided check and form to:

Sapulpa Church of the Nazarene
Essie Petty
sapnaz@tulsacoxmail.com
302 S. Elm
Sapulpa, OK 74066