

Please complete sections 1 - 4.

1. Please print the following information (or attach a voided check):

YOUR NAME:

YOUR ADDRESS:

CITY/STATE/ZIP:

YOUR PHONE NUMBER:

BANK ACCOUNT NUMBER:

BANK ROUTING NUMBER:

TYPE OF ACCOUNT: CHECKING OR SAVINGS (Circle One)

2. Your Contribution (processed on or about the 15th day of each month):

	General Operating Fund Provides for the weekly needs of the church	\$
	Benevolence Fund Provides for Westwood families in need	\$
C.	<u>Building Fund</u> Used for building/capital expenditures	\$

Your total monthly contribution = A + B + C

I authorize Westwood Community Church, EFCA to initiate monthly debits on the 15th day of each month going forward. If the 15th falls on a weekend or holiday, the debit will be on the following Monday. This authority will remain in effect until I notify Westwood Church in writing at least 3 days before the ACH withdrawal.

3. Your Signature: _____

Date:

4. Please mail or email to:

(or place in offering on Sunday or bring to the church office)

Amber Rud, Office Manager Westwood Church 5719 Walnut Drive St. Cloud, MN 56303 amber.rud@westwoodstcloud.org