westwood CHURCH

TRANSFORM2027

Authorization for Automated Giving for Transform2027

Please complete sections 1 - 5.

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. Contribution Designation

Transform2027
To be used to fulfill the vision of Transform2027 $ _____

3. Frequency of Contribution

☐ Weekly Basis

I authorize Westwood Community Church, EFCA to initiate my weekly gift of $_____ (total above) on the 1st, 8th, 15th, and 22nd day of each month going forward. If the 1st, 8th, 15th, or 22nd fall on a weekend or holiday, the gift will be initiated on the next business day. This authority will remain in effect until I notify Westwood Church in writing at least 5 days before the ACH withdrawal.

☐ Monthly Basis

I authorize Westwood Community Church, EFCA to initiate my monthly gift of $_____ (total above) on the 15th day of each monthly going forward. If the 15th falls on a weekend or holiday, the gift will be initiated on the next business day. This authority will remain in effect until I notify Westwood Church in writing at least 5 days before the ACH withdrawal.

4. Your Signature: _____ Date: _____

5. Please mail to:

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

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