

The Oklahoma District Council of the Assemblies of God Automatic Monthly Minister's Reports Terms and Conditions

The Oklahoma District Council of the Assemblies of God (The District) provides for its ministers the convenience of signing up for an Automatic Monthly Ministers Report. This will be done by ACH debit to your bank account. This is done as a convenience to our ministers and as such is subject to the terms and conditions listed below.

District Monthly Giving/Reporting Policy.

By signing I agree to allow the District to deduct by ACH debit 60% of my tithe from both secular and ministerial income from my bank account on a monthly basis. This will fulfill my obligation to the District and I understand that I will not need to submit a report via mail or over the internet.

Authorization.

By signing the Authorization Agreement, I authorize The Oklahoma District Council of the Assemblies of God, Inc. (the "District"); to initiate transfers from my designated account for paying my monthly ministers tithe. If my payment is due on a weekend or holiday, the District will transfer the amount on the first business day after the payment due date. *This authorization will remain in effect through December 31 of the current calendar year and must be renewed in writing by January 1 of the following calendar year.*

Change in Payment Amount and Cancelling Transfers.

Should the amount of my ACH debit need to be changed or my transfer need to be stopped, I will submit in writing the proper forms 2 weeks prior to the next draft on my bank account. Should I fail to properly notify the District in accordance with the policy I will agree to hold the District harmless from any liability or loss, including its reasonable fees associated with error.

Effective Date of Transfer.

Transfers will occur on either the 5th or 25th of each month unless it should fall on a weekend or a holiday. In such a case, the District may transfer the amount on the first business day after the 5th or the 25th. The ACH Debits will begin the month after I submit my Authorization Agreement to the District.

Returned Transfers.

If my transfer is returned for any reason, including insufficient funds, then the District and my designated account institution may assess a fee, if permitted by applicable law. I also understand that it is my obligation without notice from the District to make the required payment. The District may, but is not required by law, course of dealing or otherwise, attempt to transfer the payment two (2) times before deeming my payment unpaid. If my transfer is returned on two (2) or more scheduled transfers, the District may cancel Automatic Payment by giving me notice.

I have read and agree with terms and conditions stated above.

Signature: _____ **Date:** _____

PLEASE RETURN ALL FORMS TO:
The Oklahoma District Council of the Assemblies of God
Attn: Accounting Office
P.O. Box 13179
Oklahoma City, OK 73113

AUTOMATIC MONTHLY MINISTER'S REPORT

The Oklahoma District Council 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).

Benefits:

- 1. Saves you the time of filling out and sending in a Minister's Monthly Report.
- 2. Saves you the cost of a check and saves the District processing expense.
- 3. Gives you peace of mind that your report and contribution will be in every month.

**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 monthly 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 Oklahoma District Council of the Assemblies of God to initiate a debit entry to the bank account indicated below and to allow the bank or credit union where the account exists to debit the account for the payment amount and date stated below. This authorization will remain in effect through December 31 of the calendar year the agreement was signed.

Bank or Credit Union: _____

Address: _____

City: _____ State: _____ Zip: _____

ABA Number: _____ *(first 9 digits on bottom of check)

Account Number: _____ *(digits after ABA number, but not check number)

Payment Frequency: (Please check one) 5th of the Month 25th of the Month

Amount: \$ _____ Checking Savings

****PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF ACCOUNT AND ABA NUMBERS**

Signature: _____ Date: _____

OPTIONAL DESIGNATION OF CONTRIBUTION

****ONLY** use this form if you would like to designate special offerings above and 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 \$ _____

Designated Departmental Gifts:

Missions \$ _____

Honor Bound \$ _____

Christian Education \$ _____

Chi Alpha \$ _____

Youth \$ _____

Women's \$ _____

Royal Rangers \$ _____

Other: _____ \$ _____

TOTAL AMOUNT OF DRAFT: \$ _____

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Questions? Contact: Kevin Conner
405-475-1100
kevin.conner@okag.org