

**AUTOMATIC RECURRING DONATION**

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).

**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 year-end 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 until you notify the District in writing.

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)  5<sup>th</sup> of the Month  25<sup>th</sup> of the Month

Amount: \$ \_\_\_\_\_ Checking  Savings

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:  
See page 2 if you wish to contribute to any fund other than the General Fund.**

**OPTIONAL DESIGNATION OF CONTRIBUTION**

**\*\*ONLY** use this form if you would like to designate special offerings 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** \$ \_\_\_\_\_

***Departmental Support:***

DREAM \$ \_\_\_\_\_

Camp Cargill \$ \_\_\_\_\_

Missions \$ \_\_\_\_\_

Church Ministries \$ \_\_\_\_\_

Children's Ministries \$ \_\_\_\_\_

Chi Alpha \$ \_\_\_\_\_

Youth Ministries \$ \_\_\_\_\_

Women's Ministries \$ \_\_\_\_\_

Royal Rangers \$ \_\_\_\_\_

Girl's Ministries \$ \_\_\_\_\_

Speed the Light \$ \_\_\_\_\_

BGMC \$ \_\_\_\_\_

Light for the Lost \$ \_\_\_\_\_

LIFE Pledge \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT OF DRAFT:** \$ \_\_\_\_\_

**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

Questions? Contact: Accounting Office  
405-475-1100  
finance@okag.org