



Electronic Giving

A convenient, consistent way to help our church grow

Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic contributions, (a) complete the authorization form on the right and return it to the church office or (b) visit the church website and follow the directions to donate.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

Secure donation services are provided by Varco Services, LLC. Varco processes electronic donations for more than 10,000 churches and nonprofit organizations.

AUTHORIZATION FORM

Church name: _____

Your name: _____

Address: _____

City, State, Zip: _____

Email address: _____

I would like to make the following contribution(s):

<input type="checkbox"/> General Operating Fund	\$ _____	Date of first contribution: ____/____/____
<input type="checkbox"/> Building Fund	\$ _____	Frequency of contribution (check one):
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Weekly - Mondays
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Semi-monthly - 1 st and 15 th
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Monthly on the 1 st
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Monthly on the 15 th
Total	\$ _____	

CHECKING / SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

Checking account—attach voided check Savings account—attach voided deposit slip

Routing #: _____ Account #: _____

Valid routing # must start with 0, 1, 2 or 3

I authorize the above organization and Varco Services to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ____/____/____

CREDIT / DEBIT CARD

Complete this section if using your credit or debit card

Please charge my (check one): Visa MasterCard Discover American Express

Card #: _____ Expiration Date: ____/____

Name on card: _____

Billing Address (if different from above): _____

I authorize the above organization and Varco Services to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ____/____/____