Quick Give

Direct Debit Authorization Form (ACH)

VINEYARD CHURCH

Check One:

☐ Initial Debit ☐ Modification

Vineyard Member Info:

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Frequency:

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Start Date: _____ Amount: $ _____

Apply to: (circle) Tithe Food Pantry Missions Other _____

Banking Information: (or attach a voided check)

Banking Institution: _____

Account Number (☐ Checking # ☐ Savings #): _____

Routing Number (Institution Number): _____

I hereby authorize Vineyard Church (hereafter "VC") to electronically debit any payments from the bank specified above. This authorization is to remain in full force and effect until the VC has received written notification from me of its termination in such time and manner as to afford the VC and the bank named above a reasonable opportunity to act upon it. VC typically requires 3 business days.

I have read, understand, and agree to the above statement:

Signature: _____ Date: _____

Please complete and return this form to the following address:
Vineyard Church
ATTN: Bookkeeper
4444 Expressway Drive, Virginia Beach, VA 23452

Office Use Only:

Bookkeeper Received: _____ _____
Initials *Date*

Entered & Processed: _____ _____
Initials *Date*