

**Oak Grove Presbyterian Church
Direct Payment Authorization Form**

PERSONAL INFORMATION	
Envelope #	Last Name First Name
Street Address	
City / State / Zip	Daytime Phone

CONTRIBUTION INFORMATION	
Regular Contribution Amount \$ _____	Special Contribution Amount \$ _____
Contribution Type: <input type="checkbox"/> General Pledge	Contribution Type: <input type="checkbox"/> Going the Extra Mile <input type="checkbox"/> VEAP <input type="checkbox"/> PDF <input type="checkbox"/> Per Capita <input type="checkbox"/> One Great Hour of Sharing <input type="checkbox"/> Peacemaking <input type="checkbox"/> Christmas Joy
Schedule: <input type="checkbox"/> Weekly (every Monday) <input type="checkbox"/> Monthly (1 st of each month) <input type="checkbox"/> Quarterly (Jan 1 st , Apr 1 st , Jul 1 st , Oct 1 st) <input type="checkbox"/> Yearly (Jan 1 st) <input type="checkbox"/> Other Specify _____	Schedule: <input type="checkbox"/> Weekly (every Monday) <input type="checkbox"/> Monthly (1 st of each month) <input type="checkbox"/> Quarterly (Jan 1 st , Apr 1 st , Jul 1 st , Oct 1 st) <input type="checkbox"/> Yearly (Jan 1 st) <input type="checkbox"/> Other Specify _____

ACCOUNT INFORMATION	
<input type="checkbox"/> Checking Account (attach a voided check)	<input type="checkbox"/> Savings Account
Financial Institution Name:	
Account #:	Routing Transit # (9-digits, starting with 0-3):

AUTHORIZATION INFORMATION	
By signing below, I authorize Oak Grove Presbyterian Church to automatically withdraw my contributions as listed above.	
Signature:	
Date:	Effective Date: