

Community Christian Church Automated Giving Enrollment Form

To enroll, complete this form and mail to:
Community Christian Church, c/o Stewardship Office, 10001 W. Commercial Blvd., Tamarac, FL 33351

Required Information (document must be completed in its entirety):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone number: _____

Select One of the Following:

- New enrollment
 Change in amount*
 Change in account
 Change in date

Frequency and Amount of Transfers:

Once a month 1st 15th in the amount of \$ _____

For more often or specific dates, please contact Vicky Horn, Office Manager, at 954.724.7400 ext. 233

When do you want your automated giving to begin? (Date) _____

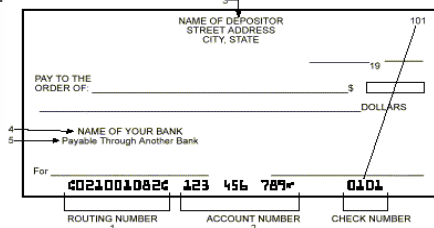
*To change the amount of your automated gift, please call Vicky Horn, Office Manager at 954.724.7400 ext. 233, or fill out and return this form to the church office. Account numbers are not needed to make a change unless your account number has changed.

OPTION 1: Bank Debit (Preferred Option)

Enroll me in Automated Bank Debit

Please make my gift payment directly from my:

- Checking account
 Savings account



Account #: _____

Routing #: _____

OPTION 2: Credit Card

Enroll me in Automated Credit Card Giving

(NOTE: We encourage you not to go into debt and offer the opportunity to donate by credit card simply as a convenience.)

Name on card: _____

Type of Card: Visa Mastercard Debit Card

Credit Card number: _____

Expiration date: _____ CVV Code: _____

Billing address (if different than mailing address): _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

I authorize Community Christian Church to process debit entries to my account as indicated herein. This authority will remain in effect until I give notification to change or cancel this authorization.

Authorized signature: _____ Date: _____

All gifts are tax-deductible