

Electronic Giving Transfer Authorization

Spring Valley Church offers electronic giving as a more convenient way of giving back to God a portion of what He has blessed us with.

I hereby authorize **Spring Valley Church** to initiate debit entries to my (our) checking or savings account at the financial institution listed below. This authority will remain in effect until Spring Valley is notified by me in writing to cancel it in such time as to afford Spring Valley and the Financial Institution a reasonable opportunity to act on it.

Please debit my: (Check One)

_____ Checking Account # _____

_____ Savings Account # _____

Financial Institution Name _____

Bank Transit Routing Number _____ - _____ - _____

Choose Monthly or Semi-monthly Withdrawals: (Check one)

_____ Monthly withdrawals will be on the (circle one) 5th **or** the 20th of the month in the amount of \$_____.

_____ Semi-monthly withdrawals will be on the 5th **and** the 20th of each month in the amount of \$_____.

If either of the days falls on a non-banking business day, the withdrawal will be on the next banking business day.

Signature _____ **Date** _____

Name(s) on Account _____

Address _____

City _____ Zip Code _____ Phone # _____

**Please attach a voided check from account the automatic withdrawals will be made.
Please use envelope and place in an offering box or mail to the church office.**

spring valley church
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