



ELECTRONIC FUNDS TRANSFER BY ACH PAYMENT AUTHORIZATION FORM

DONOR INFORMATION

Last Name:*

First Name:*

Middle Name:

Street Address:*

City: *

State:*

Zip:*

Email Address:*

Daytime Phone #:*

BANK INFORMATION

Bank name:*

Bank routing number:*

Bank account number:*

PAYMENT OPTIONS

Please select one of the payment options below:

☐ Monthly transfer from my **CHECKING ACCOUNT**. Please enclose a voided blank check.

☐ Monthly transfer from my **SAVINGS ACCOUNT**. Please enclose a savings deposit slip.

Please select one of the transfer date options below:

I prefer the monthly transfer date of the:

☐ 5th OF THE MONTH

☐ 20th OF THE MONTH

**Required Information*

DONATION INFORMATION

Please use my contribution(s) for the following:

- A. Tithe and Offerings
- B. Pressing Onward
- C. Kingdom Investments
- D. Global

11/16/2011

Monthly Gift Amount:

\$ _____
\$ _____
\$ _____
\$ _____

OTHER DISBURSEMENT FUND NAME

Monthly Gift Amount:

Campus Outreach

Campus Outreach Participant Name and Number :

\$ _____

Child Sponsorship

Country _____

\$ _____

Child ID Number _____

Church Plants

Church Plant _____

\$ _____

Interns

Intern's Name _____

\$ _____

OTHER

Description _____

\$ _____

AUTHORIZATION

I authorize Perimeter Church to initiate the Electronic Funds Transfer by ACH as indicated on this form. This permission to charge my bank account is the same as if I had personally signed a check to Perimeter Church.

This agreement will remain in effect until:

1. I write a note or call Perimeter Church telling them to end this agreement and they have had a reasonable amount of time to act on it. OR 2. Perimeter Church or my bank sends me 10 days' written notice that this agreement will end.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with Perimeter Church.

I have read, understand and agree with the information on this form and have attached my voided blank check or savings deposit slip to this form.

Signature: _____ Date: _____

Thank you for your support of Perimeter Church and Perimeter's Ministries. Through your investments each month, you are investing in our vision to make and deploy mature and equipped followers of Christ for the sake of family, community and global transformation.

Please print, complete and sign this form.

Mail this completed form and the required enclosures to:

Perimeter Church**Attn: Accounting, Debby Wood****9500 Medlock Bridge Rd.****Johns Creek, GA 30097**

For questions, please email: Accounting@perimeter.org

Phone: Debby Wood at 1-678-405-2111

Perimeter is a member of the Presbyterian Church of America, 501 (c)(3) tax-exempt, non-profit church organization, and a member of the ECFA.

