

AUTO-TITHE

Bank Debit Enrollment/Change Form

Pick two: New Change Tithe \geq 10% of income Non-Tithe gift

*This doc may be form-filled (on your computer), saved to disk and emailed to store@heartcenter.org
.....OR you may choose to print it on paper, fill it out and mail it to PO Box 277, Livingston, MT 59047*

As my financial pledge to The Hearts Center,

I _____
(print name as it appears on your bank account)

hereby authorize The Hearts Center to initiate debit entries to my

Name of Financial Institution:

Address of Financial Institution, including postal code:

Amount to transfer: _____ Date: _____
(enter amounts and dates) 5th_\$ _____ 20th_\$ _____ Make draft begin on:

Name (if different than on the bank account):

Billing Address:

City: _____ State: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____

Email Address: _____

This authority is to remain in full force and effect until The Hearts Center has received written notification from me of its termination in such time and in such manner as to afford The Hearts Center a reasonable opportunity to act on it, such time to be not less than ten (10) business days prior to the next scheduled transaction.

By signing below, I acknowledge the charges described here on. Payment in full to be made when billed, or in extended payments in accordance with the standard policy of the financial institution.

Signed: _____ **Date:** _____

Please carefully copy the following routing and account information from a check (not deposit slip!):

ABA Check Routing Number:

Account Number:

