



Giving Program

### AUTHORIZATION AGREEMENT

#### Pre-authorized ACH Payments



Giving Program

I, \_\_\_\_\_, hereby authorize **Fremont Alliance Church**, hereafter called CHURCH, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my [ ] checking account or my [ ] savings account (***select one***) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY to credit and/or debit the same such account.

**Checking**

ESTABLISH \_\_\_\_\_ CANCEL \_\_\_\_\_ CHANGE \_\_\_\_\_

Depository Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(Bank or Credit Union)*

***Please attach voided blank check.***

**Savings:**

ESTABLISH \_\_\_\_\_ CANCEL \_\_\_\_\_ CHANGE \_\_\_\_\_

Depository Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(Bank or Credit Union)*

***Please attach voided blank deposit slip.***

Please indicate offering amount:      General Fund: \$ \_\_\_\_\_      Building Fund: \$ \_\_\_\_\_      Growing Young: \$ \_\_\_\_\_  
   Missions: \$ \_\_\_\_\_      CAMA      \$ \_\_\_\_\_      Benevolent Fund: \$ \_\_\_\_\_

Please check frequency:       5<sup>th</sup> of the month       20<sup>th</sup> of the month       Weekly on Mondays

This authority is to remain in full force and effect until CHURCH has received written notification from me of its termination in such time and manner as to afford CHURCH a reasonable opportunity to act on it.

\_\_\_\_\_      \_\_\_\_\_  
Date      Signature

Please return completed form to:  
Fremont Alliance Church  
1615 N Lincoln Ave  
Fremont, NE 68025

The Fremont



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# the Electronic Giving Plan



An efficient and convenient  
way to support the ministry  
at Fremont Alliance.

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