



## Electronic Giving Form

Name: (First & Middle Initial) _____ Last: _____
Address: _____
Phone: (Work/Home): ( ) _____ (Cell): ( ) _____
Email: _____

Frequency of Draft: (Check One)

- Weekly  
 Bi-Monthly  
 Monthly

I authorize Starting Point Church and Bluepay/Nations Transaction Services to process debit entries from my checking account or savings account indicated below. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the below information, I will submit a new form to Starting Point Church within 30 days. I have attached a voided check or savings deposit slip below.

**Signature:** \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

### Account Information:

To process your electronic deduction we need the following information printed on your personal check:

Account Holder: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number (9Digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

\*\*\*\*Please attached a VOIDED check

\*\*\*If you have any giving questions please contact Erica Fulcher via:  
email at [jandefulcher@gmail.com](mailto:jandefulcher@gmail.com) or at 919-805-06204718

### ***For Changing Information or Discontinuation Only***

\_\_\_\_\_ I am using this form as a change form. I am changing my *name/address, contribution information, or I am discontinuing automatic withdrawal.* **(Please circle one)**

Signature \_\_\_\_\_