



harvestridge

COVENANT CHURCH

E-Tithing Authorization Form (v1.3)

First Name *Last Name* *Billing Address* *City* *State* *Zip*

Email Address *Primary Phone* *Secondary Phone*

Credit/Debit Card: (*Visa, MasterCard or Discover*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: (mm/yy) ____/____

Draft Amount: \$ _____ Monthly (1st) or Semi-Monthly (1st & 15th)
(Check one)

I hereby authorize Harvest Ridge Covenant Church to process debit entries to my account indicated herein for the amount and on the repeating schedule indicated herein. I understand that in order to terminate this authorization for reoccurring debits against my account I must contact Harvest Ridge Covenant Church with at least five days notice.

Please sign and return form to Harvest Ridge Covenant Church, Attn: Ken Schroeder, 22015 Midland Drive, Shawnee, KS 66226.

Signature: _____ **Date:** _____