

**ELECTRONIC CONTRIBUTION AUTHORIZATION
FOR MINISTRY PARTNER SUPPORT**



CONTRIBUTOR NAME (Please print) _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
MEMBER AUTHORIZATION FORM (Check boxes that apply)
 Starting Date _____ Change Contribution Amount Change Financial Institution Account
 New Authorization Discontinue Contribution

MINISTRY PARTNER CONTRIBUTION
\$ _____ Ministry Partner # 1 _____
Name(s) _____
\$ _____ Ministry Partner # 2 _____
Name(s) _____
\$ _____ Ministry Partner # 3 _____
Name(s) _____
\$ _____ **TOTAL CONTRIBUTION** **FREQUENCY – Monthly**
(Transferred the 11th of each month)

Please take my contribution directly from the account specified:
 Checking Account (attach a voided check) Savings Account (attach a voided deposit slip)
Account Number _____ Financial Institution Routing Number _____
(Between the symbols on the bottom left of your check)

I authorize City Hill Fellowship to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. Notice must be received three (3) business days prior to transfer date.
Authorized signature on my account _____ Date _____
Upon completion, this form may be submitted to:
City Hill Fellowship, Finance Office, 12901 Roberts Drive, Eden Prairie, MN 55346

(For Office Use Only)
Start Up Date _____
Received and recorded by _____
Following recording, a copy of this form will be returned to sender with start-up date.