

Skycrest Baptist Church

DIRECT DEBIT PROGRAM APPLICATION/CHANGE OF INFORMATION

New Account Change Cancel Direct Debit

Please designate the fund you wish to give to:

Tithe & Offering Faith Promise Strategic Investments Benevolence

Select direct debit account type (either debit/credit card **OR** bank account):

Debit/Credit Card

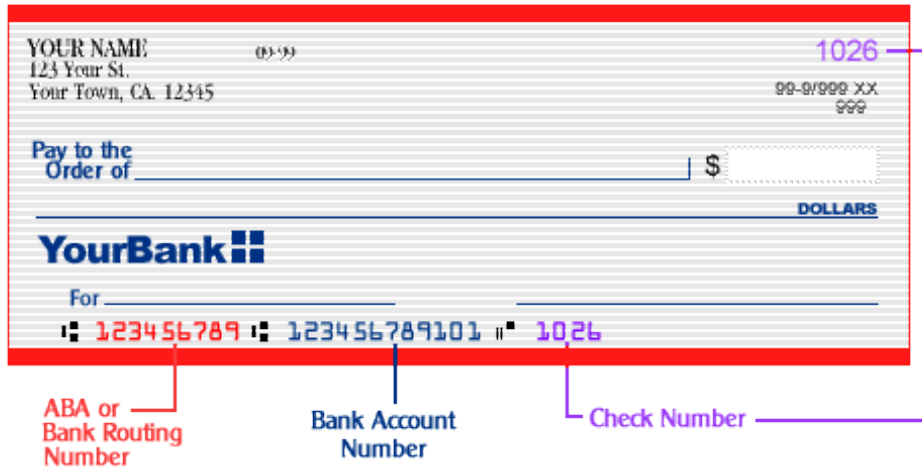
Card type: Visa Mastercard American Express

Debit or Credit Card Number _____

Name on Card _____

Expiration Date _____

Bank Account



Bank Account Type: Checking Savings

Bank Routing Number _____

Bank Account Number _____

Frequency of gift (select one):

- One time gift
- Weekly on _____ (please specify a weekday)
- Twice per month (beginning on the _____ and 15 days after that date)
- Monthly on the _____ (please specify date)
- Every two weeks _____ (please specify a weekday)

Gifts will continue as indicated above until we receive notice from you and/or your debit/credit card expires.

Donor Information

Billing First Name _____ Billing Last Name _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

Billing Phone Number (____) _____ - _____

By my signature below, I request and authorize Skycrest Baptist Church and my financial institution to process electronic debit entries as designated.

Signature _____ Date _____

Please bring this form to the church office or mail to:

**Skycrest Baptist Church
125 N. Belcher Road
Clearwater, FL 33765**