

Pathways Automated Bank Debit Enrollment

Payable to:

Pathways Comm. Church
P.O. Box 710367
Santee, CA 92072

Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Select one of the following:

New Enrollment Change in Amount Change in Account

Please select frequency and amount of transfers:

1st of every month or next business day in the amount of \$ _____

15th of every month or next business day in the amount of \$ _____

1st & 15th of every month or next business day in the amount of \$ _____

When do you want the Auto Debit to begin? (date of first transaction: _____)

Account Information:

Please take my gift payment directly from my:

Checking Account (attach voided check or deposit slip)

Savings Account (attach deposit slip)

Account No. _____

Routing No. _____

Authorized Signature: _____ Date: _____

All Gifts are Tax-deductible.

Print copy of this form. Fill it out and take to your bank.

If you have questions contact Carol Oftedahl at 619-449-1269