AutoTithe Change Form

AutoTithe Plan Change

Contact Information & Name Changes should NOT be submitted on this form.

PLEASE COMPLETE THE FOLLOWING: ***Please print clearly.***

NAME _____

Phone # _____ **Email** _____

_____ I would like to **INCREASE / DECREASE** (please circle one) my tithe

from _____ to _____

_____ I would like to change my **TRANSACTION DATE(S)**

Monthly / Bi-Monthly / Weekly (please circle one)

Transfer Date(s)/Day(s): _____

Make my change begin on: _____ (Date must be at least five (5) business days after request.)

_____ I would like to change my **CREDIT/DEBIT CARD**

New Card Type _____ Number: _____ Exp. Date: _____

_____ I would like to change my **BANK DEBIT ACCOUNT** *Note: Must attach VOIDED CHECK*

New Account Number: _____ Bank _____

_____ I would like to **TEMPORARILY SUSPEND** my AutoTithe plan.

Please begin my plan again on _____.

_____ I would like to **CANCEL** my AutoTithe plan, effective five (5) business days from today.

Reason for Cancellation (circle one):

Financial Difficulties Relocation Other: _____

_____ Additional **NOTES:**

This authority is to remain in full force and effect until the AGAPE INTERNATIONAL SPIRITUAL CENTER has received written notification from me of its termination in such time and in such manner as to afford the AGAPE INTERNATIONAL SPIRITUAL CENTER a reasonable opportunity to act on it, such time to be **not less than five (5) business days prior to the next scheduled transaction.**

Signed _____ Date _____

For Office Use Only: Increase / Decrease / Change / TS / Cancel / Reinstate

___ Access ___ PCC ___ ACH ___ Excel ___ PowerChurch / Date Completed: _____ Initials: _____