

# The General Synod

ASSOCIATE REFORMED PRESBYTERIAN  
CHURCH



## Electronic Payment (ACH) Authorization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City St Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check all that apply:

Retirement Contributions as billed

Insurance Premiums as billed

Denominational Ministry as pledged: \_\_\_\_\_ Pledge Amount

Contributions:

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Please circle:

Frequency:            Monthly            Quarterly            Annually

Number of payments: Indefinitely or # \_\_\_\_\_

Preferred day of month: 1 or 15

Begin Year: \_\_\_\_\_ Month: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a check copy and return to address below.*