

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.