

PARKCREST CHRISTIAN CHURCH
FINANCE OFFICE

February 2, 2006

Dear Friends and Family of Parkcrest;

With the increased number of people paying their bills on line, we have had several requests to offer Electronic Giving. We are very pleased to announce we can now offer Electronic Giving through Parkcrest Christian Church.

All withdrawals will take place on Thursday evenings. However, you will be able to choose if you would like to donate weekly, bi-weekly or monthly. After you decide the frequency in which you want to give, you will be able to designate the amount and the Fund in which you would like to contribute.

The funds available are as follows:

GENERAL FUND

BENEVOLENCE FUND

CAPITAL IMPROVEMENTS FUND

EXPANSION FUND

DESIGNATED MISSIONS (a detailed list of designated missionaries is available at the Mission Possible table or you may contact the Finance Office)

In some cases, if you would like to contribute to multiple funds, the Finance Office may require you to complete more than one authorization form.

All written debit authorizations will be in effect until which time you cancel this agreement in writing and return it to Parkcrest Christian Church Finance Office. If you would like to make a change to the amount deducted or the frequency, please let us know in writing as soon as possible.

Blessings!
Cheryl Cleveland
Operation Manager

PARKCREST CHRISTIAN CHURCH
 3936 WOODRUFF AVENUE
 LONG BEACH, CA 90808
 (562)421-9374

**ACH AUTHORIZATION AGREEMENT
 (ACH DEBITS)**

I (we) hereby authorize *Parkcrest Christian Church* hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

****PLEASE NOTE: ALL WITHDRAWALS WILL BE MADE ON THURSDAYS.**

Payment Information:

Frequency of Payment: (circle one)	Weekly	Bi-Weekly	Monthly	Beginning Date _____
Payment to be made on:	Amount of Payment:		Fund:	
1 st Thursday _____	\$ _____		_____	
2 nd Thursday _____	\$ _____		_____	
3 rd Thursday _____	\$ _____		_____	
4 th Thursday _____	\$ _____		_____	
5 th Thursday _____	\$ _____		_____	

Bank Information:

Name _____	Branch _____	
City _____	State _____	Zip _____
Routing Number _____	Account Number _____	

**PLEASE ATTACH VOIDED CHECK

Contributor Information:

Name(s) _____	E-Mail _____
Address _____	Phone _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ Signature(s)	_____ Date
_____ Signature(s)	_____ Date

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS WILL BE IN EFFECT UNTIL WHICH TIME YOU CANCEL THIS AGREEMENT IN WRITING AND RETURN TO PARKCREST CHRISTIAN CHURCH OFFICE. IF YOU WOULD LIKE TO MAKE A CHANGE TO THE AMOUNT DEDUCTED OR FREQUENCY, PLEASE LET US KNOW IN WRITING AS SOON AS POSSIBLE.