



2025 Pledge and Authorization Form for Automatic Withdrawal

Please prayerfully consider what you will give to the financial life of the church in the coming year.
Forms should be submitted by November 22, 2024.

Name(s) (please print) _____

Operating Budget (Monies to be spent on mission, education, staff salaries, supplies, etc.)

Pledge: \$ _____ I will give this amount to this fund: Weekly Monthly Annually

Capital Budget (Monies to be spent on building maintenance, repairs, property improvements, etc.)

Pledge: \$ _____ I will give this amount to this fund: Weekly Monthly Annually

My preferred way to give is:

- Cash or check placed in the offering plate:
 - Please send me a box of offering envelopes.
 - I do not need offering envelopes.
- Check mailed directly to the church office.
- I will set up direct payment (bill pay) via my bank.
- Please withdraw my contribution by ACH electronic withdrawal. (See below.)
- Other: _____

I have named Covenant as a beneficiary in my estate, life insurance, or other long-term financial plans.

I would like more information about making an estate gift to Covenant.

Signature(s) _____

ACH Electronic Withdrawal Authorization:

As a convenience to me, I am authorizing **Covenant Presbyterian Church** to initiate monthly debit entries (ACH transactions) from my account **on the first Monday after the first Sunday of the month** in payment of the annual pledge amount above.

This authority is to remain in effect through December 31, 2025, or until revoked in writing by me. I can also choose to change this amount or the effective term of this agreement by written notification.

Please Note: If you were a participant in this program in 2024 and you wish to continue in 2025, and have not changed your bank account, complete signature only. If you are new to this program for 2025, or wish to change bank accounts, you should also complete the below information.

I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law.

Bank Name _____

Transit/Routing No. _____

Bank Address _____

Bank Acct No. _____

Type of Account: ____ Checking ____ Savings

Authorized signature on above account

Date

Second signature on above account (if necessary)

For new accounts or changed bank accounts, a copy of a voided check must be attached.
Deposit slips are not acceptable.