



hillside church
P.O. Box 2103
Parker, CO 80134
303.537.2795

Automatic Giving Enrollment Form

I (we) hereby authorize Hillside Church to initiate debit entries from my (our) checking account indicated below at the bank named below. This authorization is to remain in full force and effect until Hillside Church has received written notification from me (or either of us) of its termination or change in such time and manner as to afford Hillside Church and named bank an opportunity to act on it.

Donor Name(s): _____

Phone: _____ Email: _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Please withdraw \$ _____ every _____ (week or month), beginning on _____.

Weekly debits will be processed every Friday.

Monthly debits will be processed on the 1st or the 15th of each month.

Signed: _____ Date: _____



Please attach a voided check from the above account!