

Pentecostal Church of God

4901 Pennsylvania Ave
PO Box 850
Joplin, MO 64802



Credential Automated Payment Authorization Form

To enroll in Pentecostal Church of God's automated payment program, please fill in the requested information below, attach a voided check and return this form to the above address.

Your bank will begin to transfer the authorized monthly credential payments directly to the Pentecostal Church of God. This transaction will take place on: (select one) _____ the 10th or _____ the 25th of each month. The first draft will generally take place one month after the receipt of your form. It is important that we receive an authorization form for each account you have with us. Please enclose a payment with this form in an amount sufficient to bring your account current; this will protect your benefits and ensure that your account does not become past due. If you have questions about our automated payment plan, please call us at 417-624-7050, Ext 339.

I hereby authorize Pentecostal Church of God to initiate automatic withdrawals from my account at the financial institution named below.

This authorization will remain in full force and effect until Pentecostal Church of God has received written notification from me of its termination in such time and such manner as to afford Pentecostal Church of God a reasonable opportunity to act on it.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Credential Account Number: _____

Monthly Payment Amount: _____

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

**** ATTACH VOIDED CHECK HERE ****