

# LOUD → ON → PURPOSE

## FAIR OAKS CHURCH ELECTRONIC GIVING REGISTRATION FORM

I hereby authorize Fair Oaks Church to debit the account listed below according to the schedule specified on this form:

Account Information:

- Checking Account
- Savings Account

Bank Name: \_\_\_\_\_

Routing Number: (9 digits on the bottom of your check): \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Account Holder (print): \_\_\_\_\_

Payment Schedule: (choose only *one* per form)

- Weekly (every Monday) \$ \_\_\_\_\_
- Bi-Monthly
  - 1<sup>st</sup> and 16<sup>th</sup> of the month \$ \_\_\_\_\_
  - Other Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ & \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_
- Monthly (1<sup>st</sup> of the month) \$ \_\_\_\_\_
- One-time gift (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_) \$ \_\_\_\_\_

Date of first donation: \_\_\_\_\_

*I understand that Fair Oaks Church will withdraw funds directly from my bank account according to the payment schedule indicated above. I understand these donations will continue until I notify the Business Office to discontinue them. I also understand that I will be responsible to pay a \$5.00 fee if any payment is returned for any reason.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- **Please attach voided check or deposit ticket and return with this form to Fair Oaks Church in one of the following ways:**
  - **Mail to: FAIR OAKS CHURCH, Attn: Online Giving, 4601 West Ox Road, Fairfax, VA 22030**
  - **Drop off: During normal office hours (Tues – Fri, 9 a.m. to 4 p.m.) at the Main Church Office**  
**During weekend services at Connection Central**  
**During weekend services in an Offering Box**