



DIRECT PAY FORM

Instructions:

1. Complete the ACH Debit Authorization on this page and retain a copy for your records (either the yellow carbon copy, or print an extra copy from the web).
2. Mail or turn in original signed copy of this document at the following address:

Radiant Church
Attn: Finance Department
15522 W. Paradise Lane
Surprise, AZ 85374

ACH Debit Authorization:

I [We] authorize Radiant Church, Inc. [Radiant] to initiate electronic debit entries to my [our] checking account indicated below for my charitable contribution, and I [we] authorize the financial institution named below to debit these entries from my [our] account. Radiant may terminate this payment arrangement if non-sufficient funds occur when the account is debited. This authorization is effective until I [we] notify Radiant in writing of its termination. If I [we] voluntarily terminate this authorization, it will nevertheless continue in effect until Radiant has had a reasonable time [at least 15 days] to stop the debit. I [we] understand that Radiant will notify me [us] of any changes in the dollar amount or frequency debited from my [our] account.

First Name: _____

Last Name: _____

Spouse: _____

Financial Institution Name: _____

Address: _____

City, State: _____

Bank Account Number: _____

Bank Routing Number: _____

ACH Debit Date:

- One Time Gift Only
- 1st of the month
- 15th of the month
- 30th (or end of the month)
- Every Friday (weekly)

Amount of each ACH Debit: \$ _____

Authorized Signature (of account holder): _____

Date: _____