

AdventistGiving

Church Enrollment Agreement

Fax: 866-424-0956

Email: Help@AdventistGiving.org

We, the undersigned, give permission for the North American Division of Seventh-day Adventists (AdventistGiving) to collect tithe and offerings for the following church, to be deposited in the specified account. It is understood and agreed between the parties that this service is for tax-deductible items only. By signature we verify the information as true and correct.

Church

Name: _____

Address: _____

City, State, Zip _____

Bank

Name: _____

Routing #: _____

Account #: _____

*** Please attach a copy of your voided check. It is required for verification.**

Church Pastor

Signature: _____

Name: _____ Date _____

Email: _____

Church Treasurer

Signature: _____

Name: _____ Date _____

Email: _____

Conference Treasurer/Associate * Required to process your enrollment.

Signature: _____

Name: _____ Date _____

Conference: _____

Email: _____