



Monetary Gifts to GCF:

ACH (Automated Clearing House)/Electronic Debit Transaction

Please mail this completed form to: GCF, PO Box 1389, Helena MT 59624 or set it under the gift box at GCF.

I (we) authorize GRACE COMMUNITY FELLOWSHIP CHURCH (GCF) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

- ☐ Checking Account
- ☐ Savings Account, at the depository financial institution named below ("DEPOSITORY").

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name on account _____

Routing Number _____ Account Number _____

☐ One time Monthly ACH Debit \$ _____ to be debited on _____.
(Date)

☐ Recurring Monthly ACH Debit of _____ to be debited on the _____ of each
month, (Day) beginning _____
(Date)

I (we) understand that this authorization will remain in full force and effect until I (we) notify GCF in writing, by e-mail, or phone-text, that I (we) wish to revoke this authorization. I (we) understand that GCF requires at least 5 business days prior notice to cancel this authorization.

Name(s) (Please Print) _____

Date: _____

Signature(s) _____

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