

**Authorization for
Electronic Contributions of
Tithes and Offerings to
Buffalo Covenant Church**



I authorize Buffalo Covenant Church of Buffalo, MN and the financial institution named below to initiate entries to my checking/savings account. Withdrawals will be on the dates signified below. This authority will remain in effect until I notify Buffalo Covenant Church in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Amounts to be withdrawn:

General Fund \$ _____ on the 1st of the Month \$ _____ on the 15th of the month
Building Fund \$ _____ on the 1st of the Month \$ _____ on the 15th of the month

(Name of Financial Institution) (City, State) (Postal Code)

Account Number _____ Checking ____ Savings ____
(Check One)

Financial Institution Routing Number: _____
(On the lower left hand corner of your check)

(Signature) (Date)

(Name - Please Print)

(Street Address) (Apt #)

(City, State) (Postal Code)

Please attach a VOIDED check to your completed form and send to:

Buffalo Covenant Church
Attn: Electronic Contributions
1601 Highway 25 North
Buffalo, MN 55313-1931

Thank you for supporting the Ministry of Buffalo Covenant Church.