



SPIRITUAL LIFE CENTER

EFT - CHECKING/SAVINGS DONATIONS

I _____ authorize SLC to withdraw:
(name on account)

___ **NEW DONATION** ___ **CHANGE EXISTING DONATION**

PLEASE PRINT LEGIBLY

Account Type: **Checking** **Savings**

Name on Account: _____

Amount: \$ _____ General Fund \$ _____ Building Fund

Frequency: ___ **One Time Gift**

___ **Monthly** ___ 1st ___ 15th
OR
___ **Weekly** ___ Monday **OR** ___ Friday)
___ **Quarterly** (Jan 1, Apr 1, July 1, Oct 1)

Start Date: _____ **End Date:** _____

Or Pay Until Further Notice

REQUIRED Email Address: _____

A VOIDED CHECK IS REQUIRED ORDER TO PROCESS

NOTE: SLC does not keep checking/savings information on file.

Signature: _____ Date: _____

**RETURN COMPLETED FORM AND VOIDED CHECK
FOR PROCESSING TO:
CASHIER TABLE IN FELLOWSHIP HALL or
MAIL TO SLC, P.O. Box 60036, Sacramento, CA 95860-0036**



SPIRITUAL LIFE CENTER

EFT - CREDIT CARD AUTHORIZATION FORM

I _____ authorize SLC to charge:
(name on credit card)

___ **NEW DONATION** ___ **CHANGE EXISTING DONATION**

PLEASE PRINT LEGIBLY

VISA / MC / AMEX / DISCOVER (Circle One)

Account # _____ **CVN #** _____

Expiration: _____ **Total Charge:** _____

Amount: \$ _____ General Fund \$ _____ Building Fund

Frequency: ___ **One Time Gift**

___ **Monthly** ___ 1st ___ 15th
OR
___ **Weekly** ___ Monday **OR** ___ Friday
___ **Quarterly** (Jan 1, Apr 1, July 1, Oct 1)

Start Date: _____ **End Date:** _____

REQUIRED Email Address: _____

NOTE: SLC does not keep credit card information on file.

Signature: _____

Billing Address: _____

City _____, **CA** ZIP _____

Phone: _____ Date: _____

**RETURN COMPLETED FORM FOR PROCESSING TO:
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MAIL TO SLC, P.O. Box 60036, Sacramento, CA 95860-0036**