

RIVERVIEW CHURCH

AUTOMATIC CONTRIBUTION FORM

I hereby authorize Riverview Church to initiate a withdrawal from my account on the 20th of each month for the amount indicated. This authorization will continue until I notify Riverview Church that I wish to end it or change the amount.

(PLEASE NOTIFY US OF ANY CHANGES BY THE 6TH OF THE MONTH)

My name on the account *(please include both names if joint account):*

My phone number _____

My address _____

My email _____

Today's date _____

Signature _____

My account number _____

Amount to withdraw _____

Which venue do you attend? Holt Venue____ MSU Venue____ REO Town Venue____ Westside Venue____

All contributions made via automatic withdrawal are allocated to the General Fund.

Bank Name _____

Select One: Checking Account _____ Savings Account _____

Bank routing number _____

(the bank routing number is the nine-digit number printed on the bottom left of your checks)

Bank address _____

(include the city, state and zip code)

MAIL THIS FORM TO:

Riverview Church
3585 Willoughby Road
Holt, MI 48842

OR EMAIL IT TO:

finances@rivchurch.com