



GIVING TO THE ORCHARD BY AUTOMATIC WITHDRAWAL

For your convenience The Orchard Evangelical Free Church (The Orchard) is now offering an Automatic Withdrawal program to have your contributions automatically deducted from your checking or savings account on a specified date or dates.

How This Program Works

If you sign up for this service, we will withdraw your donation from your bank account on the 2nd and/or the 16th of each month. Each withdrawal will appear on your monthly bank statement. The contributions will also be reflected on your annual The Orchard statement.

How to Enroll

1. Return your form (back of this page) by the 20th of the month to begin the withdrawal(s) by the next month.
2. Include a voided check (for checking) or deposit slip (for savings) to the enrollment form.
3. Be sure to include your bank phone number because our bank may need to contact your bank if any problems arise with the withdrawals.
4. Drop off or mail the completed form to:

The Orchard Evangelical Free Church
1330 North Douglas Avenue
Arlington Heights, IL 60004
ATTN: Accounting

How to Make Changes or Stop Your Withdrawals

Contact Rita Thompson in the Accounting office via regular mail or email at rthompson@theorchardefc.org by the 20th of the month to make changes or stop withdrawals by the next month.

AUTOMATIC WITHDRAWAL ENROLLMENT FORM

Your Information

Your Name _____

Address _____

Daytime Phone _____

Bank Information

Your Bank's Name _____ Phone _____

Bank Address _____

City _____ State _____

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- I would like to have an Automatic Withdrawal given to the **General Fund** each month as follows:
2nd of Month \$ _____ 16th of month \$ _____
 - I would like to have an Automatic Withdrawal given to the **Development Fund** each month as follows:
2nd of Month \$ _____ 16th of month \$ _____
 - I want to activate this Automatic Withdrawal beginning: Month _____ Year _____

I/we hereby authorize The Orchard or its agents, to transfer the amount listed above from the indicated account on the specified date(s) each month or if the day falls on a weekend or holiday, on the next business day.

Donor's Signature

Donor's Signature

Please staple voided check here with routing and account numbers. If this is a savings account, please provide the deposit slip with routing and account numbers.

Routing number: _____

Account number: _____

Thank you for your participation!