



4280 CHAIN BRIDGE ROAD • FAIRFAX, VA 22030 • PHONE: 591-6161

Direct Payment Enrollment Form (Recurring)

(Office Only) ONE GOD MINISTRY ACCOUNT NAME /NUMBER: _____

To enroll in the Direct Payment program, please complete all sections below, sign the authorization section and return this form with a voided check to One God Ministry. If you have questions contact: 703-591-6161.

Name and Address Information

Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

Bank Account Information

Bank Name: _____
Bank Address: _____
City: _____ State: _____ Zip: _____
Bank Routing Number: _____ Accounting Number: _____

Recurring Payment Information

Payment Amount Each Period: \$ _____ Begin Payment Date (MO/DY/YR): _____ No. of Payments: _____
Payment Frequency: Monthly Twice Per Month Bi-Weekly Weekly

Authorization

I/We authorize One God Ministry to initiate debit entries to my/our Checking or Savings account listed above. If any item is returned unpaid, I/we authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.
This authorization is to remain in full force and effect for these payments until One God Ministry has received written notification from me/us of its termination, in such time and manner as to afford them and their Financial Institution reasonable opportunity to act on it.

Signature: _____ Date (MO/DY/YR): _____

Name (Printed): _____

CONTRIBUTION BREAKDOWN REQUEST

Please indicate below how you would like your donation used by One God Ministry.

- Tithes \$ _____
- Service Offering \$ _____
- First Fruits Offering \$ _____

- Sunday School Offering \$
- Building / Mortgage / Pledge \$
- Minister's Fund \$
- Missionary Fund \$
- Music Ministry Fund \$
- EXCEL Scholarship Fund \$
- Youth Ministry Fund \$
- Conferences and Workshops \$
- Church Programs/ Ministries \$
- Spiritual Wilderness Solitude \$
- Outreach / TV/ Radio \$
- Women's Ministry \$
- Men's Ministry \$
- Campus Ministry \$
- Prison Ministry \$
- International / Missions Fund \$
- TOTAL (Payment Amount Each Period)** \$

Name: Phone Number:
 Signature: _____ Date (MO/DY/YR): _____

Please remember to attach a voided check to this authorization. Thank you.