



Electronic Payment Form

For help filling out this form, contact Whitley Snyder at 1.800.626.8515 or at Whitley@churchdoctor.org.

Name: _____

(as it appears on the account or card)

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____ Phone: () _____

Please check account type:

_____ Checking Amount: _____

_____ Savings Bank Name: _____

Account Number: _____

_____ Money Market Routing Number: _____

Please include a voided check or bank-approved account information with this letter.

_____ Credit Card Credit Card Number: _____

Expiration Date: _____ CVV: _____

_____ Other: _____

_____ I authorize Church Doctor Ministries to make a **one-time** withdrawal from my account.

_____ I authorize Church Doctor Ministries to make a **recurring** withdrawal from my account.

_____ 1st _____ Monthly
_____ 15th _____ Quarterly
_____ Yearly

Signature: _____ Date: _____

To end recurring payments, I must submit in writing 30 days prior to end date. All returned debits will be subject to a \$30 fee, plus any additional fees from your financial institution.

For credit and debit cards, there is a 3.5% processing fee which will be added to your total.