

## Electronic Payment Form

For help filling out this form, contact our office at 1.800.626.8515 or at [info@churchdoctor.org](mailto:info@churchdoctor.org).

Name:

(as it appears on the account or card)

Address:

City:

State:

ZIP:

E-mail:

Phone: (    )

Please check account type:

- Checking
- Savings
- Money Market
- Credit Card
- Other:  
\_\_\_\_\_

Amount:

Bank Name:

Account Number:

Routing Number:

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

Credit Card Number:

Expiration Date:

CVV:

- 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.
  - 1<sup>st</sup>
  - 15<sup>th</sup>
  - Monthly
  - Quarterly
  - Yearly

Signature: \_\_\_\_\_

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.