

**Electronic Giving**  
**Larkridge Church**  
P.O. Box 984, Broomfield, CO 80038  
(303) 465-3030

I request my bank or credit card company to monthly transfer funds in the amount of \$ \_\_\_\_\_ (US) until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization. I prefer a monthly transfer date of the 5th or the 20th (circle one) starting \_\_\_\_\_ (month).

**Checking** (Attach a voided Check)

**Savings** (Attach a voided deposit ticket)

**VISA** Acc # \_\_\_\_\_

**MasterCard** Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Giver's Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_ Giver's Signature \_\_\_\_\_

