SureGift Registration Form

First Name ____/____/____/____/____/____/____/____/____/____/____/____/

Last Name ____/____/____/____/____/____/____/____/____/____/____/____/

Email ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/

Phone ____/____/____ ____/____/____/ ____/____/____/____/
Area code

This is your authorization to debit my account as follows:

Tithes $_____._____ :

Offerings $_____._____

Missions $_____._____

Stewardship $_____._____

Total SureGift $_____._____

Debit my account on:

☐ 5th of each month only
☐ 20 of each month only
☐ both the 5th and the 20th of each month

I hereby authorize First Assembly of God of Niceville, Inc. to initiate debits from my (____) **checking** (____) **savings** account indicated by the attached check or savings Deposit slip.
This authority shall remain in effect from the date signed here until First Assembly of God of Niceville, Inc., has received written notification from me to terminate or change in such time and in such manner as to afford First Assembly of God of Niceville, Inc., and my financial institution reasonable time to enact the specified changes.

_____ _____ _____
Signature Print Name Date

_____ _____ _____
Street address State Zip code

<u>Attach Slip Here</u>
Checking – attach a ***voided check***
Savings – attach a ***voided saving account transaction slip***