LIFEWAY CHURCH

Thank you for choosing to participate in the Lifeway **EZ GIVE** program. By completing the simple enrollment form you are saying "Yes" to the mission of "...**giving our lives away to help others find and follow Christ**." Lifeway will follow your enrollment directions to help you reach your personal tithing and giving goals. Welcome to **EZ GIVE.**

Lifeway EZ GIVE Auto Debit Form:

Your Name: _____

Best phone#: ( ) _____

Address: _____

City/State _____, _____ ZIP _____

Banking Info:

Account # _____

Routing # _____

Amount to be deducted: $ _____

**You may also attach a voided check instead of filling out the account and routing*

Frequency of Deduction:

_____ Once a month *(i.e., name the day, example: 1st or 15th etc.)*

_____ Twice a month *(i.e., 1st and the 15th only)*

_____ Weekly M T W T F *(circle one)*

_____ Discuss with us any custom frequency that works for you.

Signature: _____ Date: _____

Lifeway Office Use Only

Notes:	Date	Initial
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
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