

**AdventistGiving**  
**Church Enrollment Agreement**  
Fax: 866-424-0956  
Email: Help@AdventistGiving.org

We, the undersigned, give permission for the North American Division of Seventh-day Adventists (AdventistGiving) to collect tithe and offerings for the following church, to be deposited in the specified account. It is understood and agreed between the parties that this service is for tax-deductible items only. By signature we verify the information as true and correct.

**Church**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Bank**

Name: \_\_\_\_\_  
Routing #: \_\_\_\_\_  
Account #: \_\_\_\_\_

**\* Please attach a printed deposit slip or voided check for the bank account that the local church will be using to receive the electronic deposits.**

**Church Pastor**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Email: \_\_\_\_\_

**Church Treasurer**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Email: \_\_\_\_\_

**Conference Treasurer/Associate**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
Conference: \_\_\_\_\_  
Email: \_\_\_\_\_