



AUTOMATIC REOCCURRING BILLING (ARB) ENROLLMENT AND AUTHORIZATION FORM

Instructions for ARB Form

ARB is a safe, secure way to give automatically on a monthly basis without having to write and mail a monthly check. Once you're enrolled, your donation is automatically charged to your credit card. You can cancel enrollment in writing at any time. It's simple, safe, and convenient... and you guarantee consistent, timely giving to the staff or projects that you support. You will find giving via ARB will:

- Save you time by eliminating the need to write checks
- Reduce the expense of mailing in donations or the insecurity of postal mail
- Assure that your donation is received consistently
- Allow the leadership team to be freer to focus on the community

To start giving on a reoccurring monthly basis via ARB:

1. Print out the ARB form
2. Complete and sign the form
3. Mail this form to: **Roots Church** Or scan and email the form to:
312 N 85th St Ste 101 accounting@rootschurch.org
Seattle, WA 98103
4. Your donation will be withdrawn each month on whichever date you indicate on your ARB form (please allow for up to 10 business days for this process to begin). We will continue to withdraw your donation electronically until you notify us to cancel your ARB enrollment in writing or until the end date indicated. A record of your donation will appear on your bank statement. We will email a tax-deductible receipt to you after the year's end.
5. If you wish to change your existing ARB donations, email us at accounting@rootschurch.org. Please do not include any sensitive information, such as account numbers in your email. Please allow for up to 10 business days for any changes to be processed.

Deep thanks for your commitment to Roots. We are excited to have you on the journey and look forward to growing deeper in faith together.

revised 09/27/11



Roots Church

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1 NAME / ADDRESS INFORMATION please provide your credit card billing address
Name:
Address:
City/State/Zip:
Home/Work phone:
Email:

2 GIVING PERIOD
Monthly Donation: \$
Date of first charge: The _____ day of _____ (month), 201____
Date of last charge: <input type="checkbox"/> The _____ day of _____ (month), 201____ <input type="checkbox"/> No end date

3 CREDIT CARD INFORMATION
Payment Method (circle one): Visa Mastercard
Card Number:
Exp. Date (mm/yy) :

4 SIGNATURE
I hereby authorize Roots Church to transfer the amount listed above from my bank account or credit card. This authority will remain in effect until I provide notice in writing to cancel this agreement or until the end date specified above. I understand that this request may take two weeks to be processed.
Signature: