



Electronic Giving Request

Yes, I/we authorize Frontier Fellowship to initiate debit entries directly from my/our account maintained at the depository institution named below. This debit will occur: (SELECT ONE)

MONTHLY
(the 15th of each month.)*

QUARTERLY
(March 15, June 15, September 15, December 15)*

* If the 15th is a weekend or holiday, the debit will occur on the next banking day.

My bank information: (please attached a voided check)

This account is: CHECKING SAVINGS

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Transit/ABA Number _____

Account Number _____

This monthly/quarterly donation is to be designated to Frontier Fellowship account(s) as indicated: (Please indicate dollar amount)

\$ _____ **Frontier Fellowship Movement**

\$ _____ **Project** *(please specify)* _____

\$ _____ **Staff Ministry** *(please specify)* _____

This authority is to remain in full force and effect until Frontier Fellowship has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Frontier Fellowship and my bank a reasonable opportunity to act on it.

Name (please print) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Signature _____

Phone Number _____ Email _____

**Please attach a voided check and mail to:
Frontier Fellowship, 7132 Portland Avenue Suite 136, Richfield, MN 55423-3264**

All donations to Frontier Fellowship are tax deductible. If you have any questions, contact us at 612.869.0062 or email us at info@frontierfellowship.com.