



CONNECTION COMMUNITY CHURCH
90 DAY
TITHING CHALLENGE

“Bring the whole tithe into the storehouse, that there may be food in my house. Test me in this,” says the LORD Almighty, “and see if I will not throw open the floodgates of heaven and pour out so much blessing that there will not be room enough to store it.”

M A L A C H I 3 : 1 0

I would like to test God's faithfulness by accepting the **90-Day Tithing Challenge**. By filling out and submitting the following form, I fully understand and agree to the following:

1. This form must be completed and received by the Director of Finance at Connection Community Church on or prior to the start date of the 90-Day Tithing Challenge Period by placing it in the offering bag.
2. My household qualifies for participation because we have not been tithing 10% of our income for the last six months.
3. I cannot seek a refund prior to the end of the 90-Day Tithing Challenge Period, and I cannot seek a refund for any contributions made prior to the beginning of the 90-Day Tithing Challenge Period.
4. Any request for refund must be received by the Director of Finance at Connection Community Church within 30 days of the end of the 90-Day Tithing Challenge Period.
5. My tithe to Connection Community Church, must be paid by check, direct debit from my account, or by a completed 90-Day Tithing Challenge envelope (available at Guest Services), so that my tithe can be properly credited and documented.

Name: _____

Email: _____

If after one week you have not received a confirmation email of your enrollment in the 90-Day Tithing Challenge, please call 302-378-7692.

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

START DATE OF 90 DAY CHALLENGE

By signing below I agree to the requirements of the 90 Day Tithing Challenge:

Make it Easy on Yourself Through ELECTRONIC FUNDS TRANSFER

Connection Community Church has the capability of receiving your tithe through an electronic funds transfer. This means you can make regular contributions to your church without writing a check. You can have your tithe deducted mid-month, at month-end, or both. It's very easy: Just complete the information requested below and return this form to the Director of Finance, Mike Rottina.

Please see Mike with questions or call him at 302-378-1686 to have this easy way of contributing implemented for your giving.

CONNECTION COMMUNITY CHURCH AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBIT

I hereby authorize WSFS Bank to initiate debit entries to my deposit account for the credit of Connection Community Church.

Credit Account Information:

WSFS Bank #031100102

Account #207742883

Debit Account Information:

Account Title: _____

Bank: _____

Bank Address: _____

Bank Routing Number: _____

Account Type (checking, savings): _____

Account Number: _____

Amount of each debit: \$ _____

Date(s) of each debit: check one or both

15th of month Last work day of month

Effective date: _____

This authorization will remain effective until Connection Community Church receives written notification. The termination of the agreement will be effective once Connection Community Church has had reasonable opportunity to act on the notice.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____