



I authorize Rêver to initiate electronic debit entries to my:
 checking (or)
 savings
account for payment of my Monthly Giving.

Debits will be done on the 2nd Tuesday of Each Month.

Monthly Amount \$ _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. At any time you may email giving@rever.ag to change or stop payments for the following month.

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK
OR COMPLETE THE INFORMATION BELOW:

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION CITY AND STATE