

QUESTIONS? PLEASE WRITE TO INFO@CHURCHGIVING.COM



**CHURCH ACTIVATION FORM**

**Date:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**# of Members:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Denomination:** \_\_\_\_\_

**Bank Routing #:**

**Bank Account #:**

PLEASE FAX COMPLETED FORM AND VOIDED CHURCH CHECK TO CHURCHGIVING AT:

**212-859-7333**