



Church Application for Electronic Giving

Please complete all sections of this application. The information provided will be used by myEoffering, LLC solely for the purpose of setup with our system.

ORGANIZATION INFORMATION

Legal Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Website: _____

CONTACT INFORMATION

Primary Contact Person: _____ Title: _____

Email Address: _____

STATEMENT OF ACCURACY

I hereby certify the information contained in this application is complete and accurate.

Authorized Signature Title Date