

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. John's Episcopal Church

ES7662

Envelope # (leave blank if not applicable)			
Last Name		First Name	
Address			
City	State	Zip	

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
	Account Number: _____

Date of first contribution: ____/____/____	Frequency of contribution: (please check only one) <input type="checkbox"/> Monthly on the 15 th	Church fund designations and amounts: <input type="checkbox"/> Stewardship \$ _____ <input type="checkbox"/> Building \$ _____ <p align="right">Total \$ _____</p>
Special Instructions:		

AGREEMENT

I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.