

AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT

I hereby authorize St. Marks United Methodist Church to initiate debit entries to my Checking Account/Savings Account at the depository financial institution as indicated below.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

(Please attach a copy of a voided check)

Please check one: Checking _____ Savings _____

Amount to be debited from my account: _____

Frequency of debit: Weekly _____ Monthly _____

(Weekly debits will be made on Monday – Monthly debits will be made on the 1st day of the month)

Requested start date: _____

This authorization is to remain in full force and effect until St. Marks United Methodist Church has received written notification from me of its termination in such time and in such manner as to afford St. Marks and the Financial Institution a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

Please return this form to Kathryn Wright, Business Administrator