



ST. JOHN EPISCOPAL CHURCH

Celebrating faith, sharing community

DIRECT DEBIT AUTHORIZATION

Check one:

Enrollment Cancellation Change

Name: _____

Address: _____

We will begin debiting your account regularly on the 15th of each month.

Bank Information:

Bank Name: _____

Bank's Routing/Transit no.: _____

Account Holder Name: _____

Account Number: _____

Account Type: Checking New Account Share Draft

Amount: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

I hereby authorize _____ (hereinafter called the "Company") to debit the above referenced account for any amount owed to the Company for goods and services provided. This authorization is to remain in force until the Company has received written notification of termination in such time and in such manner as to afford the Company and/or the Bank(s) a reasonable opportunity to act on it.

In the event that the Company notifies the Bank(s) that funds transferred were not entitled to the Company, I hereby authorize and direct the Bank(s) to return said funds to the above referenced account.

Date: _____ Signature: _____

Envelope Number: _____ Account Holder Name: _____

(Printed)