



St. Mark's Episcopal Church AUTHORIZATION AGREEMENT FOR ELECTRONIC GIVING

(Debit Entries)

I/We _____ (print name) authorize St. Mark's Episcopal Church of Grand Rapids and my financial institution listed below to initiate electronic debit entries to my _____ checking / _____ savings account (select one). I acknowledge that the origination of the ACH transaction(s) to my account must comply with the provisions of U.S. law.

Financial Institution Name (please print) _____

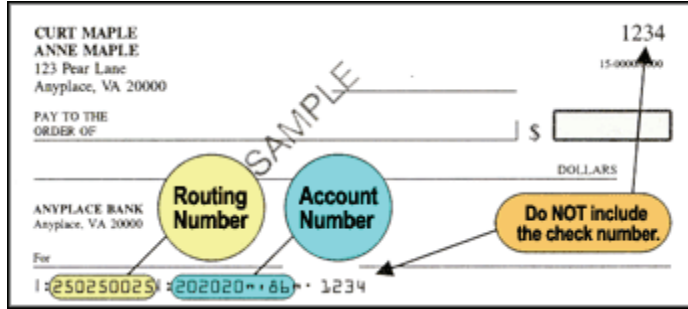
Financial Institution Phone Number _____

Bank Street Address _____

City _____ State _____ Zip Code _____

Account # _____

Financial Routing # _____



This authorization is to remain in full force and effect until the CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the CHURCH and DEPOSITORY a reasonable opportunity to act on it.

Donor Signature Required: _____ Date: _____
(If dual account, both signatures required please!)

_____ Date: _____

Donor Name Printed: _____ E-Mail: _____

E-mail confirmations will be sent to you prior to the transaction if you provide us with your e-mail address

St. Mark's Episcopal Church cannot perform automatic/electronic debit(s) without your signature! All information provided is confidential! If any time you wish to terminate these services, please contact Pam Stevenson, our bookkeeper, at (616) 456-1684 ext. 21 or pams@stmarksgr.org Thank you for your support!

Type of Account:

___ Checking Amount: \$ _____ Savings Amount: \$ _____

___ Bi-Weekly Mon. Tues. Wed. Thurs. Fri. (select one) ___ Monthly 1st 15th 31st (select one)

**** All funds will be credited to the Operating Fund unless otherwise directed. ****

Operating Pledge: \$ _____

Total: \$ _____ Envelope Number: _____

If a federal holiday happens to fall on the day you specified when the Federal Reserve Bank is closed, contributions will be debited on the next business day that the Federal Reserve Bank is open.

Please begin my contribution(s) on: _____
Month Day Year

PLEASE STAPLE VOIDED CHECK HERE: