Below is the authorization form, which gives our financial institution authority to withdraw your payment from your account. Simply complete the form with your attached voided check and return to St. Francis in the Fields as soon as possible. **Please note that we must receive your form two weeks before the effective date in order to set up the automatic withdrawal. Any payments missed prior to the set up of automatic withdrawal will need to be made by check.** All you need to do is:

1. Indicate whether your payment will be withdrawn from your checking or savings account.
2. Indicate what terms (weekly, monthly, or quarterly) you wish your payment to be withdrawn and when you wish to begin withdrawals.
3. Attach a voided check (checking) or a deposit slip (savings) for verification of all financial institution information.
4. Be sure to sign the form!

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)
ST. FRANCIS in the FIELDS EPISCOPAL CHURCH

I (we) hereby authorize St. Francis in the Fields Episcopal Church to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

□ Checking Account □ Savings Account (select one)

I (we) would like to initiate debit entries:

Effective Date:_____

Stewardship Amount:_____

□ Weekly (Fridays)

□ Monthly
□ 15th
□ Last Day of Month

□ Quarterly (1/1, 4/1, 7/1, 10/1)

This authority is to remain in full force and effect until St. Francis in the Fields Episcopal Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Francis in the Fields and your financial institution a reasonable opportunity to act on it.

NAME (S)_____
(Please Print)

DATE_____ SIGNED X_____

SIGNED X_____