

AUTHORIZATION FOR DIRECT DEBIT

SECTION 1 MEMBER INFORMATION

NAME (Last, First, Middle Initial)		
ADDRESS (Street, route, P.O. Box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER		
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I hereby authorize **The Episcopal Church of the Advent** to debit funds from the account at the FINANCIAL INSTITUTION designated below, and I further authorize the FINANCIAL INSTITUTION to debit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the above a reasonable opportunity to act upon it.

I agree to notify The Episcopal Church of the Advent at **610-444-4624** if I wish to change the designated FINANCIAL INSTITUTION or account from which the funds are to be debited from 30 days prior to the effective date of such change.

SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION 2 FINANCIAL INSTITUTION INFORMATION

Weekly / Monthly
(Circle One)

Weekly debits are deducted from your account the first Monday for every week (or Tuesday if Monday is a bank holiday). Monthly debits are deducted the 5th of every month (if the 5th falls on a weekend or bank holiday, it will be withdrawn the next business day). These debits will begin the week/month following our receipt of this form.

ATTACH VOIDED CHECK HERE
(No Deposit Tickets)