



**AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL**

**(Electric Funds Transfer - EFT)**

I/we hereby authorize St. Augustine's Episcopal Church, hereinafter called St. Augustine's, to initiate debit entries to my/our (select one)

Checking       Savings

The depository (bank or other financial institution) named below, to debit the same to such account as follows:

Amount of \$ \_\_\_\_\_ to be drafted on either the  3<sup>rd</sup> or  17<sup>th</sup> of the month (check one).

**For Checking or Saving Account withdrawals, please fill out the following:**

FINANCIAL INSTITUTION: \_\_\_\_\_

NAME (please print): \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ROUTING No.: \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_

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

NAME(S) \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_