

St Andrew's Church
232 Durham Road, Madison, CT 06443

ACH Debit Authorization

I (we), _____ and _____
hereby authorize St. Andrew's Church to initiate electronic debit entries to my (our) account indicated
below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit
the same to such account for Church donations. I (we) acknowledge that the origination of ACH
transactions to my (our) account must comply with the provisions of U.S. law.

Billing Address: _____ Zip: _____

Email address: _____

(Financial Institution Name)

(Routing Number) _____
(Account Number) Type of Acct: ___ Checking ___ Savings

Amount of \$ _____ recurring on the 10th of each month for _____ months for St. Andrew's
Church, 232 Durham Rd, Madison, CT 06443.

This is a monthly ___ Pledge ___ Faith-based Pledge ___ Church offering

I understand that a minimum of 5 (five) days' prior notice is required for any change request for amount
and/or financial institution. _____
(initials)

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

(Print Individual Name) _____
(Signature) _____
(Date)

(Print Individual Name) _____
(Signature) _____
(Date)

Please attach a VOID check for the account you wish to use for this process. Thank you.

Must be received by 25th of month before initial payment.