

Authorization Agreement for Automatic Withdrawal of Funds

Name (please print) _____

Address _____

City _____ State _____ Zip _____

This authorization for Electronic Funds Transfer to Portland Mennonite Church is to:

- BEGIN NEW
- CHANGE EXISTING AMOUNT or CHANGE PAYMENT ACCOUNT
- STOP future transactions

Please debit my contributions from my (check one): Checking Account (attach voided check)
 Savings Account (attach savings deposit slip)

Routing Number: _____ Account Number: _____

Located at bottom of check between the symbols |: |:

Regular Contributions:

| <u>Church Fund</u> | <u>Dollar Amount</u> | <u>Frequency</u> (please check one for each church fund contributing to): | <u>Start Date</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> General Budget Offering <input type="checkbox"/> <i>Other Designation</i> <i>Specify fund or purpose:</i> | \$ _____ \$ _____ | <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Bi-weekly – Mondays – 26 times/year <input type="checkbox"/> Monthly – 1 st or 15 th (circle one) <input type="checkbox"/> Monthly - 1 st or 15 th (circle one) <input type="checkbox"/> Quarterly – funds will be withdrawn on: March 15, June 15, September 15, December 15 | ____/____/____ ____/____/____ |

I authorize **Portland Mennonite Church** and **Vanco Services, LLC** to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I will notify **Portland Mennonite Church** treasurer within a reasonable length of time. I have attached a voided check or savings deposit slip below.

Signature: _____ Date: _____

| | | | |
|---------------------|---------|---------------|-------------|
| FOR OFFICE USE ONLY | Donor # | Date entered: | Entered by: |
|---------------------|---------|---------------|-------------|

Please place voided check or savings deposit slip here.
 NOTE: Voided check only needed for BEGIN NEW choice or when changing Bank Account to withdraw from.