

## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

**Chatham-Summit Friends Meeting**

**ES6608**

Last Name

First Name

Address

City

State

Zip

<u>Meeting Fund</u>	<u>Dollar Amount</u>	<u>Frequency</u> (check one for each church fund and include the effective date)
<input type="checkbox"/> Operating Fund	\$ _____	<input type="checkbox"/> Weekly – debited on Monday, beginning ____/____ (dd/mm) <input type="checkbox"/> Bi-monthly – debited on the 1 <sup>st</sup> and 15 <sup>th</sup> of each month, beginning in _____ (month) <input type="checkbox"/> Monthly – debited on the 1 <sup>st</sup> of every month, beginning in _____ (month) <input type="checkbox"/> Quarterly – debited on the 1 <sup>st</sup> of every third month beginning in _____ (month)
<input type="checkbox"/> Building Renovation Fund	\$ _____	<input type="checkbox"/> Weekly – debited on Monday, beginning ____/____ (dd/mm) <input type="checkbox"/> Bi-monthly – debited on the 1 <sup>st</sup> and 15 <sup>th</sup> of each month, beginning in _____ (month) <input type="checkbox"/> Monthly – debited on the 1 <sup>st</sup> of every month, beginning in _____ (month) <input type="checkbox"/> Quarterly – debited on the 1 <sup>st</sup> of every third month beginning in _____ (month)

**ONE-TIME CONTRIBUTION (credit card option only)**

\$ \_\_\_\_\_ Date to be transferred \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECKING / SAVINGS**

Please debit my contribution from my (check one):

Savings Account (contact your financial institution for Routing #)

Checking Account (staple a voided check below)

Routing Number: \_\_\_\_\_  
**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

⑆ 23456789 ⑆ 23 ⑆ 23456 ⑆ 000 ⑆  
 └──────────┘ └──────────┘ └──────────┘  
 Routing Number      Account Number      Check Number

I authorize **Chatham-Summit Monthly Meeting** and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I notify the treasurer of Chatham-Summit Monthly Meeting in writing to cancel or amend it.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT CARD**

Please charge my contribution to my (check one):  Visa  MasterCard  American Express  Discover Card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I authorize the above meeting and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): \_\_\_\_\_ Date: \_\_\_\_\_

**Please staple voided check over credit card section above if using checking account.**