

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Chatham-Summit Friends Meeting

ES6608

Last Name

First Name

Address

City

State

Zip

Meeting Fund **Dollar Amount** **Frequency** (check one and include the effective date)

- Operating Fund \$ _____
- Weekly – debited on Monday, beginning _____ / _____ (dd/mm)
 - Bi-monthly – debited on the 1st and 15th of each month, beginning in _____ (month)
 - Monthly – debited on the 1st of every month, beginning in _____ (month)
 - Quarterly – debited on the 1st of every third month beginning in _____ (month)

CHECKING / SAVINGS

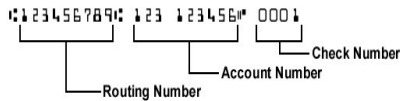
Please debit my contribution from my (check one):

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Savings Account (contact your financial institution for Routing #)

Checking Account (staple a voided check below)

Account 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: _____

Please staple voided check below if using checking account. Please return form to Treasurer, Chatham-Summit Monthly Meeting, 158 Southern Blvd, Chatham NJ 07928