

Authorization Agreement for Automatic Withdrawal of Funds



Waterford Mennonite Church

Envelope # _____ (leave blank if not applicable)

Name (Please print) _____

Address _____

City _____ State _____ Zip _____

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 |: |:

I would like to make the following regular contributions (s):

<u>Fund</u>	<u>Dollar Amount</u>	<u>Frequency</u>	<u>Start Date</u>
Operating Fund	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	____/____/____
Mennonite Education Fund	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	____/____/____
Where Most Needed (Either Fund)	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	____/____/____

I authorize Waterford Mennonite Church to process debit entries from my checking or savings account as 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 change to the above information, I will notify Waterford Mennonite Church within a reasonable length of time. I have attached a voided check or savings deposit below.

Signature: _____ Date: _____

Please place voided check or savings deposit slip here