

Office Use: ID Number _____

ACH Automatic Checking or Savings Authorization

Fill in only one account number!

Checking # _____ or Savings # _____

Please attach a voided check!

Date _____

I am/We are authorizing **St. John's United Church of Christ** to obtain funds from my/our depository account as indicated below.

\$_____ to be deducted from my/our checking or savings account as stated on the top of this page beginning on _____ (date); and the same day of each successive month.

Checking

Savings

Bank Name

Name on the Account

Routing Transit Number _____

Account Number _____

Your Telephone Number _____

Customer's Signature

Customer's Signature

Date _____

I/We choose to discontinue the automatic deduction from my/our checking or savings account number stated on the top of this page.

Customer's Signature

Customer's Signature