

## Authorization for Direct Debits - St. Lawrence Episcopal Church

This authorizes St. Lawrence Episcopal Church (the "Church") to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

\_\_\_\_\_ Please deduct 1/52<sup>nd</sup> of my yearly pledge every Friday.

\_\_\_\_\_ Please deduct 1/12<sup>th</sup> of my yearly pledge on the 15<sup>th</sup> each month.

\_\_\_\_\_ Please deduct 1/12<sup>th</sup> of my yearly pledge on the 30<sup>th</sup> of each month.

\_\_\_\_\_ Please deduct 1/24<sup>th</sup> of my yearly pledge on the 15<sup>th</sup> & 30<sup>th</sup> of each month.

### Account #1

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_

BANK NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

### **PLEASE ATTACH A VOIDED CHECK HERE**

(or a copy of a check from your checking account)

Please mail to St. Lawrence Episcopal Church, 125 W. Church St., Libertyville, IL 60048.

This authorization will be in effect until the Church receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

**IMPORTANT - This document must be signed by the Church Member requesting automatic withdrawal of pledge payments. St Lawrence will retain this document on file in the Church Office.**

If changes need to be made to the Bank Name or Account Number please email our Bookkeeper, Carol Hebert, at [carol@stlawrencechurch.org](mailto:carol@stlawrencechurch.org). Please call the church office with any questions (847) 362-2110.