## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

**Montclair Monthly Meeting of the Religious Society of Friends** **ES8135**
Treasurer / 289 Park Street / Upper Montclair, NJ 07043 or S. Bingham, 161 Huron Ave., Clifton, NJ 07013

| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |

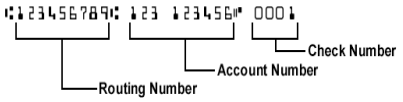
Please debit my contribution from my (check one):

❑ Savings Account (contact your financial institution for Routing #)

❑ Checking Account (attach a voided check)

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

Account Number: _____




**Date of first donation:**

_____/_____/____

**Frequency of donation:** (please check only one)

❑ Weekly – Mondays
❑ Semi-Monthly – 1st and 15th
❑ Monthly on the 1st
❑ Monthly on the 15th
❑ Quarterly (the 1st of the month beginning )

**Church Fund Designations and Amounts:**

❑General Operating Budget $_____
**Total** $_____

Special Instructions:

**Annual Contributions:**

❑ Spring Contribution $_____ Transferred on April 1st
❑ Year-end Contribution $_____ Transferred on December 1st

AGREEMENT

I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____