

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 E. Hellman, 10 Columbus Ave., Montclair NJ 07042

Last Name	First Name	
Address		
City	State	Zip

Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
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Date of first donation: ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly (the 1st of the month beginning)	Church Fund Designations and Amounts: <input type="checkbox"/> General Operating Budget \$ _____ <input type="checkbox"/> Capital (80 th Birthday) Fund \$ _____ <input type="checkbox"/> Pierson Education Fund \$ _____ <p align="right">Total</p>
Special Instructions: _____		

Annual Contributions:		
<input type="checkbox"/> Spring Contribution	\$ _____	Transferred on April 1 st
<input type="checkbox"/> Year-end Contribution	\$ _____	Transferred on December 1 st

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: _____