## Authorization Agreement for Automatic Withdrawal of Funds Glenside Bible Church

Type of Authorization Form:	□New Authorization □Change Donation Amount □Change Donation Date	☐ Change Banking Information ☐ Discontinue electronic donation
Envelope # (Leave blank if not appliable):		
Last Name:	First Name:	
Street Address (and Apt. #, if applicable):		
City:	State:	Zip Code:
Please debit my contribution from my (check one below): Routing Number:  □ Checking Account (attach a voided check) Valid Routing # must start with 0,1,2, or 3 □ Savings Account Account Number:  (contact your financial institution for Routing #) 01234567   123456789000   0001  On your check: ▼ ▼ ▼  Routing # Account # Check #		
Date of first contribution*: // *one week's grace period is required.	Frequency of Contribution: (check only one below)  Weekly - Mondays  Bi-weekly - Fridays  Semi-Monthly - 10th and 25th  Monthly on the 1st  Monthly on the 15th	Amount: General Fund \$
		Special Instructions:
Agreement: I authorize the above church to 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:
(please staple voided check here)		