St. Mary Coptic Orthodox Church of Middlesex County

433 Riva Avenue
East Brunswick, NJ 08816

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

I, _____, the undersigned, hereby authorize St Mary Coptic Orthodox Church to :
(NAME)

☐ Initiate a periodic automatic withdrawal from my account as specified below (a voided check, showing the routing and account numbers, is attached.)

☐ Change my current automatic authorization on file with the church in th manner specified below

☐ Tertminate my current automatic authorization specified below.

MONTHLY CONTRIBUTION AMOUNT	**TO BE DEBITED ON:**	☐ the beginning of each month ☐ the 15th of each month ☐ _____ (another date, please specify)
$ _____		

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9 DIGIT ROUTING NUMBER	**ACCOUNT NUMBER**

Please make my first monthly contribution effective on _____ / _____ / _____

I understand that I have control over my contribution, and, if at any time I decide to change the amount of the contribution or discontinue my offering, I will notify the church in writing to that effect.

_____ _____ _____
Signature **Date** **Address**

_____
Telephone Number (Optional)