

Authorization Agreement for Automated Giving

I, _____, hereby authorize the Prince of Peace Evangelical Lutheran Church of (**Medina, Ohio**) to initiate debit entries to my account indicated below and the depository named below to debit the same such amount.

Checking () Savings ()

Amount \$ _____ Monthly on the 15th day of the month.

Amount \$ _____ Monthly on the last day of the month

Depository: _____ Name
_____ Address
_____ City, State, Zip

Banking Transit-ABA #: _____
(always nine digits)

Banking Account #: _____

(Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.)

This authorization is to remain in full force effect until the Prince of Peace Evangelical Lutheran Church has received written notification at least five business days in advance of the desired termination date.

Date: _____

(Authorized signature for above account) (Print Name)

If second signature is required:

Date: _____

(Authorized signature for above account) (Print Name)

Cancellation of Automated Giving

I, _____, direct the Prince of Peace Evangelical Lutheran Church to discontinue automatic debit entries to my bank account.

Date: _____

(Authorized signature for the parishioner bank account) (Print Name)

(Only one signature is necessary to make this cancellation request)