

Authorization Agreement for Direct Payments (ACH Debits)

Saugatuck Congregational Church, Westport, CT

Name (as it appears on your account): _____

Address: _____

SCC Envelope Number (if applicable): _____

I (we) hereby authorize Saugatuck Congregational Church to initiate debit entries to my/our (please select one):

Checking Account (please include a voided check with this form) Savings Account

Financial Institution Name: _____

Financial Institution Routing/Transit Number: _____

Account Number: _____

Please debit my/our account for (select one or more):

Annual Pledge Contribution Amount \$ _____

Capital Campaign Contribution Amount \$ _____

Other (please specify) Amount \$ _____ for _____

Please process entries on (choose one): 1st day of each month 15th day of each month

This authorization shall remain in full force and effect until I (we) cancel it in writing by sending notice to this same address at least 30 days prior to the date of the next scheduled debit.

Signature: _____

Print Name: _____ Date: _____

This authorization should be delivered (together with a voided check if a checking account is to be used) to:

Bookkeeper
Saugatuck Congregational Church
245 Post Road East, PO Box 5186
Westport, CT 06881-5186