

St. Luke's Automated Bank Debit Enrollment

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Select one: New enrollment Change in amount Change in account

Please select one of the following for the frequency and amount of transfers:

1st of every month or next business day in the amount of \$ _____

15th of every month or next business day in the amount of \$ _____

1st & 15th of every month or next business day in the amount of \$ _____

When do you want the Auto Debit to begin? (*date of first transaction*) _____

Please take my pledge payment directly from my

Checking account (*attach voided check or deposit slip*)

Savings account (*attach deposit slip*)

Account number: _____

Routing number: (# between the I: I: symbols) _____

I authorize St. Luke's Episcopal Church to process debit entries to my account as indicated herein. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature: _____ Date: _____

All bank or financial depository information provided in this form shall remain confidential and used solely for the purpose of processing the authorized bank debit.

Return this form with the voided check or deposit slip to St. Luke's Episcopal Church, PO Box 605 Gladstone, NJ 07934

Questions? Contact the office at 908-234-0002

***Thank you for giving your "first fruits" to God.
We can do all that we do because of your faithful and consistent giving.***