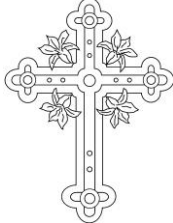


Celebrate Christ's Love



St. Luke's Automated Bank Debit Enrollment

Please use this form to enroll, change the account or increase your automated bank debit contribution.

To enroll your pledge: Complete Parts A, B, C and E
To increase your pledge: Complete Only Parts A, D and E
To change your bank account information: Complete Only Parts A, C and E

Part A			
Name (s) _____			
Address _____			
<i>Street/P.O Box</i>	<i>City</i>	<i>Zip Code</i>	
Telephone _____	Email _____		
Select One: <input type="checkbox"/> New enrollment <input type="checkbox"/> Increase amount <input type="checkbox"/> Change account			

Part B
New enrollment—Please select one of the following for frequency and amount of transfers
<input type="checkbox"/> 1 st of each month or next business day in the amount of \$_____
<input type="checkbox"/> 15 th of each month or next business day in the amount of \$_____
<input type="checkbox"/> 1 st and 15 th of each month or next business day in the amount of \$_____
When do you want the auto-debit to begin? (<i>date of first transaction</i>) _____

Part C
Bank Account Information—Select one: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Account
Please take my pledge payment directly from my—
<input type="checkbox"/> Checking Account (<i>attach voided check or deposit slip</i>)
<input type="checkbox"/> Savings Account (<i>attach deposit slip</i>)
Name of Bank _____
Account Number _____
ABA Routing Number (# between the I:I: symbols) _____

Part D
Please increase my monthly/bi-monthly transfer to the following amount (select one)
<input type="checkbox"/> 1 st of each month or next business day in the amount of \$_____
<input type="checkbox"/> 15 th of each month or next business day in the amount of \$_____
<input type="checkbox"/> 1 st and 15 th of each month or next business day in the amount of \$_____
When do you want the increased auto-debit to begin? (<i>date of first transaction</i> : _____)

Part E
I authorize St. Luke's Episcopal Church to process debit entries to my account as indicated on this form. 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, P.O.Box 605, Gladstone, NJ 07934