

ALL SAINTS PRESBYTERIAN CHURCH
ACH Withdrawal Authorization

Name	_____
Bank Name	_____
Acct Type (Checking/Savings)	_____
ABA Routing Number	_____
Account Number	_____
Amount	_____
Frequency	_____
Date for First Draft of Funds	_____
Other Notes:	_____

By signing this form, I authorize All Saints Presbyterian Church to debit from my bank account, a one-time or recurring contribution to All Saints, as indicated above. This authorization will remain in full force and effect until All Saints receives written notification from me of its termination in such time and manner as to afford All Saints a reasonable opportunity to discontinue the debit.

Signature _____ **Date** _____