

## ELECTRONIC PAYMENT AUTHORIZATION

☐ YES! I'd like to sign up for Electronic Payment						
		☐ Discontinue Electronic Authorization			☐ Change of Authorization	
Payment Info	rmation:					
☐ Ple	☐ Please draft \$ from my account on the 1st of each month ☐ Please draft \$ from my account on the 15th of each month ☐ Please draft \$ from my account on <b>both</b> the 1st & 15th of each month					
Full Name on Account (please print):						
Address:						
City:			State:		Zip:	
Please accept my ongoing payment from my:						
Routing Number: Account Number:						
Begin my electronic payments on (Please allow 2 weeks to process.)						
Please use my contributions  for the church's annual budget, <b>or</b> as indicated here:  I authorize First Presbyterian Church of Amarillo to process debit entries to my account. I have attached a voided check or saving deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.						
Authorized signature on my account: Date:						
**Attached Voided Check**						
BUSINESS OFFICE USE ONLY						
RECEIVE	D					
PROCESSED						
					Business Office Signature	