



ADVENT

EPISCOPAL CHURCH

2024 MONTHLY DIRECT DEBIT AUTHORIZATION FORM

I (we) hereby authorize the Episcopal Church of the Advent, hereinafter called **Advent**, to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named below, hereinafter called **Depository**, and to debit the same to such named account monthly. **Debits will be submitted for payment on the 8th day of each business month or the business day immediately following the 8th day.** This authorization is to remain in full force and effect until Advent has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Advent and the depository a reasonable opportunity to act on it.

Please print the following information:

Name: _____

Financial Institution: _____

Bank Routing Number: _____

Checking/Savings Number (please select one): _____

Please include a voided check/withdrawal form with this request.

Please begin direct debit effective: _____

Month/Year

Signature: _____ Date: _____

815 Piedmont Dr, Tallahassee, FL 32312 + advent-church.org
Church: (850) 386-5109