



CHURCH OF ST. JOHN
 621 DEWEY STREET • P.O. BOX 337 • FOLEY, MN 56329
 320 | 968-7913 www.stjohnschurchfoley.org

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Church of St. John and the financial institution named below to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip Code)

(Signature) (Date)

(Name – Please Print)

(Address – Please Print)

Account Number: _____ Checking _____ Savings _____

Financial Institution Routing Number: |: _____ |:

Sunday Envelope Amount: \$ _____ Building Fund Amount: \$ _____

Frequency: Weekly _____ Monthly _____ If monthly, on the 15th or 25th ? (please circle one)

Please make a copy of this authorization for your records.
 You may revoke your authorization at any time by writing to the address above.
 If you would like to make changes to your payment amount, please notify us at least 10 days
 before the regularly scheduled payment date.

Thank you!