

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 bank draft.

Signature _____ Date _____

Typing your name on the signature line functions as an electronic signature, and is considered on equal legal standing as a written signature.

To initiate an authorized bank draft, please forward this completed form to:

All Saints Presbyterian Church
Attn: Fernanda Loya, Financial Controller
7808 Rialto Blvd
Austin, TX 78735
floya@allsaintsaustin.org
FAX (512) 900-8338