

St. Paul's Episcopal Church  
Automatic Contribution Draft for 2020  
Authorization Form

I (we) hereby authorize St. Paul's Episcopal Church herein after called St. Paul's, to initiate debit entries to my (our) checking account at the financial institution named below according to my pledge in equal installments:

Please check one:

\_\_\_\_ Monthly: on or about the 15<sup>th</sup> of every month of 2020

\$ \_\_\_\_\_ Per Month, Totaling \$ \_\_\_\_\_ for 2020

Please attach a voided check associated with the financial institution listed below:

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Financial Institution

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City

State

Zip

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Routing number

Account Number

This authority is to remain in full force and effect until St. Paul's has received written notification from me of it's termination in such time and in such manner as to afford St. Paul's reasonable opportunity to act on it.

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Parishioner Name(s)-Please print clearly

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Parishioner Email address (used only if we need to contact you with questions)

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Parishioner Phone Number (used only if we need to contact you with questions)

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

Send completed form to: St. Paul's Episcopal Church  
Attn: Brandy Satterfield  
221 Union St  
Cary NC 27511