

Automated Bank Debit Enrollment

To enroll, please complete this form and mail with a voided check or deposit slip to:

Vision Community Church
 c/o Financial Secretary
 PO Box 1122
 Warwick, NY 10990

Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: Day: _____ Eve: _____

Automatic Debit Details

<input type="checkbox"/> New or Changed Automatic Debit Authorization	<input type="checkbox"/> Change Date
<input type="checkbox"/> Semi-monthly (5 th and 20 th of every month, or prior business day)	<input type="checkbox"/> Change Amount
<input type="checkbox"/> Monthly (5 th of every month, or prior business day)	<input type="checkbox"/> Change Bank or Account
<input type="checkbox"/> Monthly (20 th of every month, or prior business day)	<input type="checkbox"/> Cancel Automatic Debit

Start or Change on: ____ / ____ / ____

AMOUNT DEBITED PER PERIOD: \$ _____

Account Information

Checking Account (attach voided check) Savings Account (attach deposit slip)

Name of Bank/Financial Institution _____

Routing Number (9 digits)

Account Number:

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Authorization

I authorize Vision Community Church to process debit entries to my account as indicated herein. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give five days notification to terminate this authorization.

Signature: _____ Date: ____ / ____ / ____

****Attach Voided Check or Deposit Slip to this form.****

*All gifts are tax-deductible.

*If you have questions contact Don Robertson at stewardship@visiblechurch.org or call Don at 845-671-9602