



AUTHORIZATION AGREEMENT FOR AUTOMATIC BANKING SERVICES

I/we authorize Eastern Mennonite Missions to initiate a withdrawal and, if necessary, adjustments for any entries in error to the account indicated below at the financial institution named below. Withdrawals are posted on the dates indicated or the first banking business day thereafter.

Preference	Amount	Frequency (choose one)
<input type="checkbox"/> Impact Fund	\$ _____	<input type="checkbox"/> Monthly – 5th
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Monthly – 20th
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Quarterly – 5th of Mar., June, Sept., and Dec.

Begin

The first posting date after my authorization has been processed *or*
 Indicate month: _____ (subject to required processing)

End after _____ withdrawals. If no number is indicated, the authorization to withdraw these funds will remain in effect until Eastern Mennonite Missions receives notification from the signatory below to discontinue or change the amount of funds withdrawn.

Name of Bank, Credit Union, or Financial Institution

Bank transit/ABA number □□□□□□□□□□	Account number _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

_____ (_____) _____
 Print account name(s) as they appear on account Phone

_____ _____
 Address Email (for notification of withdrawal)

_____ _____
 City, State, Zip code Congregation/Church affiliation

_____ _____
 Signature Date