Eastern Mennonite Missions

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:
- ☐ Impact Fund
- ☐ Other: _____
- ☐ Other: _____

Amount:
- $_____
- $_____
- $_____

Frequency:
- ☐ Monthly – 5th
- ☐ Monthly – 20th
- ☐ 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Eastern Mennonite Missions receives notification from the signatory below to discontinue or change the amount of funds withdrawn.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:

_____

☐ Checking ☐ Savings

_____ _____

Print Account Name(s) as appear on bank account **Phone**

_____ _____

Address **Email (for notification of withdrawal)**

_____ _____

City, State, Zip Code **Congregation/Church affiliation**

_____ _____

Signature(s) **Date**

For email submissions, send to Shaina Joseph at shaina.joseph@emm.org.

Eastern Mennonite Missions
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