



My Commitment to St. John's for 2020

Name _____

Address _____

Phone _____ Email _____

As part of my/our commitment to St. John's in 2020, I/we pledge \$ _____ annually.

Please provide pledge envelopes (circle one) Yes No

Please contact me about _____ e-giving _____ including St. John's in my estate plans.

Authorization for Direct Payment

I/We hereby authorize St. John's Episcopal Church (the Church) to initiate debit (withdrawal) entries and, if necessary, debit correction and adjustment entries to my/our account at the financial institution designated below:

Type of Account (**check one**): ☐ Checking ☐ Savings

Name of Financial Institution: _____

Routing and Transit Number: _____ Account Number: _____

Frequency of Direct Payment Withdrawal (**check one**):

☐ **Semi-monthly** (5th and 20th days of the month) ☐ **Monthly** (5th day of the month)

This authority will remain in full force and effect until the Parishioner(s) has/have given the Church written notification of its termination, with allowance for a reasonable time for the Church to act upon the notification.

****Please attach a voided check or financial institution account verification letter to this form.****