



# 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 (1 <sup>st</sup> and 15 <sup>th</sup> of every month, or next business day)	<input type="checkbox"/> Change Amount
<input type="checkbox"/> Monthly (1 <sup>st</sup> of every month, or next business day)	<input type="checkbox"/> Change Bank or Account
<input type="checkbox"/> Monthly (15 <sup>th</sup> of every month, or next business day)	<input type="checkbox"/> Cancel Automatic Debit

Start or Change on: \_\_\_\_ / \_\_\_\_ / 2009

**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: \_\_\_\_ / \_\_\_\_ / 2009

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

\*All gifts are tax-deductible.

\*If you have questions contact Brad Lyon or Chris Smith at [stewardship@visiblechurch.org](mailto:stewardship@visiblechurch.org) or call Chris at 845-661-8083