



**MORE THAN ENOUGH**

**2023 Annual  
Electronic Contribution  
Authorization Form**



**NOTE:** This form is **ONLY** required for those who wish to give electronically. Authorization renewal is required annually.

Name on the Account (please print) : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please accept my  Weekly contribution from my: \$ \_\_\_\_\_ Checking Account  
(check one)  Monthly  
 Quarterly \$ \_\_\_\_\_ Savings Account

Bank Routing #: \_\_\_\_\_

Your Account #: \_\_\_\_\_

I authorize St. John's Episcopal Church to process debit entries from my account. This authority will remain in effect for the year of 2023 or until I give reasonable notification to terminate this authorization.

**Authorized signature on account:** \_\_\_\_\_ **Date:** \_\_\_\_\_