

I/We hereby authorize First Citizens Bank and Trust to initiate debit entries to my/our Checking / Savings Account (please circle one) on the 20th of each month.

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Deposit to St. John's Episcopal Church

My/Our account Bank _____
 Bank Address _____
 Routing Number _____
 Account Number _____

Monthly Amount \$ _____

This authorization is to remain in full force and effect for 12 months beginning January 20, 2010

Print Name(s) _____

Date _____ Signature _____

Please attach a voided check and submit to the church office for processing. Thank you for your support of St. John's!