## **AUTHORIZATION FOR AUTOMATED PAYMENT ENTRIES**

I authorize the company named below to initiate electronic debits (payments), to my designated account at the below named Financial Institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in effect until I provide written notification to the company of my intent to terminate this agreement. This notice must be given to the company in a reasonable time frame to act upon it relative to the payment due date.

## **CHURCH INFORMATION**

St. Nicholas Orthodox Church ■ 2250 E. Paris Ave. SE ■ Grand Rapids, MI 49546

D 4 1/2 4 5 5	St. Micholds Of thodox Charch = 2230 E.		,
PAYME	NT INFORMATION  Payment Amount:		
	Payment Date: Transfers will occur on		h.
	Payment Frequency: monthly		
	Number of Payments: 12		
FINANC	IAL INSTITUTION INFORMATION		
	Bank Name:		
	City:	State:	Zip Code:
	Check One: Corporate Office	Local Office: □	
	Transit/ABA Number:		_
	Account Number:		
	Check one: ( ) Checking Account (	) Savings Account	
AUTHO	RIZED BY		
	Name(s):		
	Signature(s):		
	Date:		

A Parish of the Antiochian Archdiocese of North America Diocese of Toledo and the Midwest His All-holiness JOHN X, Patriarch Bishop ANTHONY, Diocesan Bishop