



ST. PAUL'S
P R E S B Y T E R I A N
163 Ponce De Leon Ave. NE
Atlanta, GA 30308

Electronic Giving

I (we) hereby authorize **St. Paul's Presbyterian Church** to initiate entries to my (our) checking/savings accounts on a monthly basis at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **St. Paul's Presbyterian Church** is notified by me (us) in writing to cancel it in such time as to afford **St. Paul's Presbyterian Church** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution Branch, City, State, & Zip)

(Signature)

(Date)

(Business Name PLEASE PRINT) _____ (Business Address- PRINT) _____

Set Amount: _____ or Maximum Amount: _____

Debit / Credit will begin on the 15th of _____
month

Financial Institution Routing Number: _____ Checking / Savings (Please circle) Account Number _____

Please **ATTACH VOIDED CHECK**