

Attn: Financial Secretary  
St. George's Serbian Orthodox Church  
1216 104th Ave W  
Duluth, MN 55808

This service has no transaction  
fee for you or the church

## Bank Transfer Authorization Form

This form can be used for one time or recurring authorization. There is a separate form for credit card authorization.

I authorize St. George's Serbian Orthodox Church to electronically debit my bank account according  
Business name

to the terms outlined below. I acknowledge that electronic debits against my account must  
comply with United States law.

e-mail this form to [stgeorgeofduluth@gmail.com](mailto:stgeorgeofduluth@gmail.com)  
OR  
Mail this form to: Attn: Financial Secretary, St. George's  
Serbian Orthodox Church, 104th Ave W., Duluth, MN 55808

### Terms of billing:

- One time on mm/dd/yy for the amount of \$\_\_\_\_\_.
- Starting on mm/dd/yy and on the day of the month of each month through mm/dd/yy  
for the amount of \$\_\_\_\_\_.
- Starting on mm/dd/yy for the amount of \$\_\_\_\_\_ and accordingly thereafter per  
the terms in invoice(s) \_\_\_\_\_.

### Customer bank account information:

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Account number

Account type:  Checking  Savings  Consumer  Business

This payment authorization is to remain in effect until I, \_\_\_\_\_, notify  
Customer name

St. George's of its cancellation by giving written notice in enough time for the  
Business name

business and receiving financial institution to have a reasonable opportunity to act on it.

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Customer printed name

\_\_\_\_\_  
Date

e-mail: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_