



St. Andrew's Episcopal Church

505 Bullseye Lake Road
Valparaiso, Indiana 46383

Stewardship Enrollment and Authorization Form

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

Last Name _____ First Name _____ M.I. _____
Address _____ City _____
State _____ ZIP _____ Email _____
Home Phone _____ Work/Cell Phone _____

Check the appropriate box:

- New enrollment/authorization *
- Change in bank account *
- Change in authorized amount

Donations should be deducted from:

- Checking (attach a voided check)
- Savings (attach a savings deposit slip)

*** Attach a voided check or savings deposit slip for a new enrollment or change in bank account only.**

Routing Number _____
Valid Routing # must start with a 0, 1, 2 or 3
Account Number _____

DONATION INFORMATION

Church Fund Designations:

Amount of Donation: *

General Operating Fund \$ _____

Building Fund (Growing in Grace) \$ _____

Total Donation Amount: \$ _____ (minimum \$5)

Frequency of Donation: (Please check only one)

- Monthly on the 1st
- Monthly on the 15th
- Semi-monthly (1st and 15th of each month)

Date of First Donation: _____

* For Semi-monthly, list the donation amount you would like to have deducted **twice** each month.

AUTHORIZATION

I authorize St. Andrew's Episcopal Church of Valparaiso to automatically withdraw offerings/donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I provide written notification to change/terminate this authorization. Should I wish to cancel or change this authorization, I agree to provide at least 30 days' written notice to make such changes. In the event that a withdrawal request is returned for Non-Sufficient Funds (NSF), I agree to be responsible for all related fees and/or charges and also understand that the withdrawal may be automatically resubmitted on a future date.

Parishoner's Signature: _____ Date: _____

Parishoner's Printed Name: _____