



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

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

Donations should be deducted from:
 Checking (attach a voided check)
 Savings (attach a savings deposit slip)

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)	\$ _____
Other _____	\$ _____
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: _____