

**Church of the Good Shepherd**

***Donor Direct Deposit Authorization Agreement***

I hereby authorize the Ever Green Federal Credit Union, on behalf of the Church of the Good Shepherd, to deduct my monthly donation from the account listed on the voided check enclosed with this form. I realize that the entire monthly donation will be deducted on the 15<sup>th</sup> of each month. If it is not available on this date, an attempt will be made to deduct it again on the 20<sup>th</sup> of the same month.

***Donor Information***

**Regular Sunday Offertory**

**Envelope #** \_\_\_\_\_

(Please Print)

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
(Used to confirm your authorization)

(Indicate Check or Savings)

**Checking Acct. #** \_\_\_\_\_ **Savings Acct: #** \_\_\_\_\_

**Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Monthly Amount:** \$ \_\_\_\_\_

(Check the box if there is a change in the amount only; a voided check is NOT necessary).

**Change amount from:** \$ \_\_\_\_\_ **to** \$ \_\_\_\_\_

I understand that these donations will continue until I cancel this authorization in writing. Please allow seven (7) business days to activate or cancel this authorization.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please attach a voided check or deposit slip here.  
It must include the 9 digit routing code and account number.**