

Automatic Payment Request Form

To authorize the automatic debit for MMS monthly payments complete and mail this form with a voided bank check to:

Jennifer Gamberg
Episcopal Church in Minnesota
1730 Clifton Place, Suite 201
Minneapolis, MN 55403

If you have any questions, please contact Jennifer Gamberg at 612-870-3308 or email at Jennifer.g@episcopalmn.org. Payments will be processed the first week of each month. Insufficient funds will result in NSF charges billed to you as incurred by ECMN.

By signing below, you agree to the monthly processing of your MMS payment and will notify ECMN in writing 30 days prior to discontinuing the automatic debit service.

Church Name: _____

Church #: _____

Bank Name: _____

Account Type: _____ Checking _____ Savings

Bank Acct No: _____

Bank ABA/Routing No: _____

Effective MO/YR: _____

Authorized By: _____

Signature: _____

Phone: _____

Title / Position: _____

Date: _____