

## 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  
1101 W Broadway, 2<sup>nd</sup> Floor  
Minneapolis, MN 55411

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: \_\_\_\_\_