



GRACE MEMORIAL
EPISCOPAL CHURCH
est. 1876

100 W CHURCH ST. | HAMMOND, LA | 70401
985.345.2764 | GRACEMEM.ORG

Automatic Bank Draft Authorization Form

Thank you for your faithful giving! This form allows us to set up recurring contributions from your checking account securely.

Member Information

Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Contribution Details

Amount to be Drafted: \$ _____

Frequency: Weekly Monthly Quarterly Yearly

Bank Information

Please attach a voided check to this form.

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking Savings

Authorization

I hereby authorize Grace Memorial Episcopal Church to initiate debit entries to my account at the above financial institution. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. This authorization will remain in effect until I provide written notice of cancellation.

Signature: _____ Date: _____