



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS) FOR CREDIT TO THE DUVALL CURSILLO FUND

TO THE: Protestant Episcopal Church in the Diocese of the Central Gulf Coast, Inc.

I (we) hereby authorize the Protestant Episcopal Church in the Diocese of the Central Gulf Coast, Inc. hereinafter called the Diocese, to initiate DEBIT entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called Depository, and to DEBIT the same to such account in the amount of \$_____ per month on the ____ day of each month.

(Your Bank) Depository Name _____
Branch _____
City _____ State _____ Zip _____

Routing Number _____
Account No. _____

(NOTE: You may attach a "voided" check to this form rather than complete the info above about your financial institution)

This authorization is to remain in full force and effect until the Diocese has received written notification from the undersigned of its termination in such time and in such manner as to afford the Diocese and Depository a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signed _____ Signed _____
Telephone number: _____
Address: _____

I make this on-going donation to the Duvall Cursillo Fund in memory/in honor of:

_____.

Please mail this signed completed form (and/or "voided" check) to the following address (please make sure you've shown the dollar amount of your monthly contribution):

DIOCESE OF THE CENTRAL GULF COAST
Duvall Cursillo Fund
P. O. Box 13330
Pensacola, FL 32591-0330

If in the future you need to revoke this authorization, please contact the Diocesan Office. (REQUIRED NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION)