



Automatic Offering Application

Please mail (or scan and email) your completed two-page form, along with a voided check, to:

Ramsey Wilson
Restoration Anglican Church
1815 N. Quincy St.
Arlington, VA 22207
ramsey@restorationarlington.org

Name(s) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Amount to be debited from your checking account every month \$ _____

Requested transaction date (circle one) 1st day of month 15th day of month

Bank Name _____

ACH Routing # _____

Checking Account # _____

Signed _____ / _____

Date _____



Authorization Agreement for Scheduled Electronic Debits

I (We) hereby authorize RESTORATION ANGLICAN CHURCH (Fed. ID No. 27-2049443) to initiate regularly scheduled debit entries to the checking account identified below. I (We) hereby authorize the bank named below to debit the same to the account indicated on this form. I (We) agree to be bound by Automated Clearing House (ACH) operating rules, as in effect from time to time, and acknowledge that no entries may be initiated that violate United States laws.

Bank Name _____

Address _____

City/State/Zip _____

ACH Routing # _____

Checking Account # _____

This debiting authority is to remain in full force and effect until RESTORATION ANGLICAN CHURCH receives written notification from me (or either of us) terminating such authority and in such manner as to afford RESTORATION ANGLICAN CHURCH a reasonable opportunity to act on it.

Name(s) _____ / _____

Social Security #(s) _____ / _____

Signed _____ / _____

Date _____