



AUTOMATIC BANK TRANSFER AUTHORIZATION

I authorize St. Paisius Monastery to deduct funds from my bank account as indicated here:

Frequency (check one): ☐ Weekly; ☐ Bi-Weekly; ☐ Monthly*; ☐ Bi-Monthly*;
☐ Quarterly*; ☐ Annually*

Amount: \$_____

Begin transferring funds as of ____/____/____ (month/year).

Enclosed is my VOIDED BLANK CHECK (if it is a checking account) or VOIDED SAVINGS DEPOSIT SLIP (if it is a savings account) to provide the information necessary for setup.

This authorization is to remain in effect until St. Paisius Monastery has received notification from me of its termination in such time and in such manner as to afford St. Paisius Monastery and the corresponding bank/s to act on it.

Name:_____

Signature:_____

Date:_____

*Optional: Please deduct funds around _____
(i.e., 1st of the month; 15th of the month; etc.)



Once you have completed this form, please mail it with a voided blank check or voided blank deposit slip (depending on whether the funds will be drawn from your checking or your savings account) to:

Friends of St. Paisius Monastery
P.O. Box 1075
Safford, Arizona 85548

We thank you for your generosity.