

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT
Our Sister Parish Compañeros/Des Moines Presbytery

I (We) hereby authorize **Compañeros/Des Moines Presbytery**, to initiate debit entries to our Checking Savings account (select one) indicated below at the bank named below, to credit the same such account on the 15th of every month.

Bank Name: _____

City/State: _____

Bank Routing#: _____

Account#: _____

Amount per month: _____

Amount per year: _____

This authorization is to remain in full force until **Compañeros/Des Moines Presbytery** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Compañeros/Des Moines Presbytery** and bank reasonable opportunity to act upon it.

Name(s): _____

Address: _____

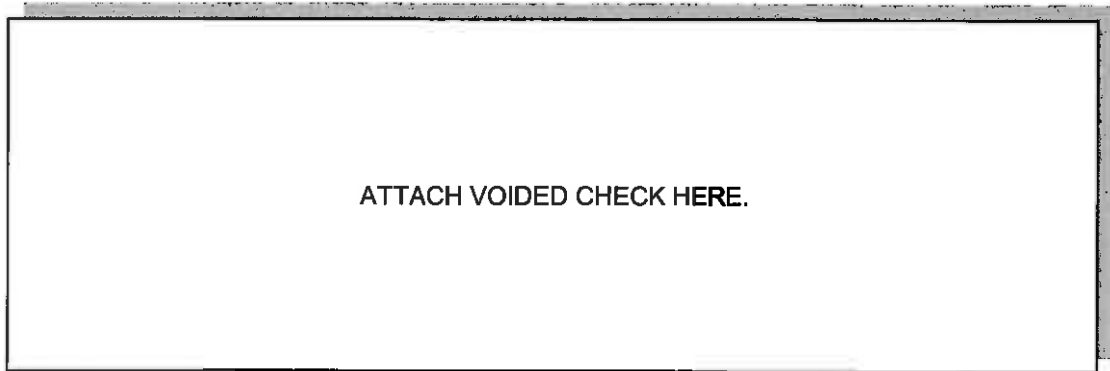
City/State/Zip: _____

Phone#: _____

Signature: _____

Date: _____

Email: _____



Please return form to:

***Compañeros
Presbytery of Des Moines
2400 86th Street, Suite 20
Urbandale, IA 50322-4306***

AUTHORIZATION AGREEMENT FOR CREDIT CARD DEBIT
Our Sister Parish Compañeros/Des Moines Presbytery

Name(s): _____

Address: _____

City/State: _____

Zip: _____

Phone#: _____

I (We) hereby authorize **Compañeros/Des Moines Presbytery** to initiate debit entries from my credit card on the 15th of every month:

_____ Mastercard

_____ Visa

_____ Discover

Card#: _____

Expiration Date: _____

Amount per month: _____

Total per year: _____

This authorization is to remain in full force until **Compañeros/Des Moines Presbytery** has received written notification from me (or either of us) of its termination.

Signature: _____

Date: _____

Email Address: _____

Please return form to:

***Compañeros
Des Moines Presbytery
2400 86th Street, Suite 20
Urbandale, IA 50322-4306***