

SAINT MARK OF EPHESUS ORTHODOX CATHEDRAL, INC. ▪ Westwood, MA

Renovation Project Fund Electronic Funds Transfer Agreement

**Renovation Project Fund – Purpose:**

To be used for the purpose of providing funds for the renovation of the building and property associated with 340 Clapboardtree ST Westwood, MA 02090.

- Please consider making a monthly, tax-deductible contribution to this **Renovation Project Fund** using ACH electronic debit.
- The funds will be deducted electronically from the bank account you provide.
- This contribution should be above and beyond your normal contributions.

**Step 1**

I have read the above statement of “Purpose” of this **Renovation Project Fund**, and I understand and agree with how my contributions may be used, and I, therefore, authorize Saint Mark of Ephesus Orthodox Cathedral, Inc. to initiate a monthly electronic debit in the amount (*check one*) indicated below:

\_\_\_\_\_ \$50      \_\_\_\_\_ \$75      \_\_\_\_\_ \$100      \_\_\_\_\_ \$200      \$ \_\_\_\_\_ (other; specify)

My account to be debited the above amount is as follows. (*Please print.*)

Account Holder Name: \_\_\_\_\_

Name of the institution where my account is located: \_\_\_\_\_

Type of account (checking, savings, etc.): \_\_\_\_\_

My Account Number: \_\_\_\_\_      The Routing Number: \_\_\_\_\_

The above authorized debit is to occur on or about either (*check one*) the \_\_\_\_ 14<sup>th</sup> or the \_\_\_\_ 28<sup>th</sup> of every month, beginning in \_\_\_\_\_ (month) 20\_\_\_\_ (year).

I further authorize that this debit to my account will automatically occur exactly as stipulated above every month hereafter until such time as either Saint Mark of Ephesus Orthodox Cathedral, Inc. brings this electronic funds transfer option to an end or I inform Saint Mark of Ephesus Orthodox Cathedral, Inc., in writing, of any change(s) I wish to make, including but not limited to: changing the dollar amount to be withdrawn; changing the date of the debit; changing the account to be debited; and terminating this authorization altogether.

Account Holder SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

**Step 2**

Write “VOID” on a blank check, and attach it below. *Please do not write over the check’s Account and Routing Numbers.*