



**Payment Authorization**

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account Type: Checking \_\_\_\_\_ Saving \_\_\_\_\_

***A voided check must be provided with your signature***

Monthly Donation Amount: \$ \_\_\_\_\_

*I hereby authorize Archangel Raphael & St. Mina Church to charge my Bank Account on the 15<sup>th</sup> day of each month with the above mentioned amount. I understand that this plan is effective as long as my account is in good standing.*

Signature of Bank account holder: \_\_\_\_\_

Date : \_\_\_\_\_

***This Form can be mailed with the voided check to:***

*Archangel Raphael & St. Mina Coptic Church*

*P.O. Box: 2642 Lancaster, CA 93539*

***Contact Person:***

*Raafat Hanna: (661) 350-7333*

***Thank you & May God Bless you***