

**GWYNEDD MONTHLY MEETING
OF THE RELIGIOUS SOCIETY OF FRIENDS
AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT**

DIRECT PAYMENT ACTION (Please circle): START / CHANGE / STOP

I/we hereby authorize Gwynedd Monthly Meeting of the Religious of Friends to make debit entries to remove \$_____ per month from my/our account indicated below on or after the 15th of each month. Gwynedd Monthly Meeting of the Religious Society of Friends is also authorized to make any adjustments to such account for any debit entries made in error to my/our account indicated below. The paying bank named below is hereby authorized to debit, and credit, if necessary, the account indicated below at the direction of Gwynedd Monthly Meeting of the Religious Society of Friends.

PAYING _____ BANK
NAME:_____

CITY:_____ STATE:_____
ZIP:_____

BANK TRANSIT #:____ _ ACCOUNT #:_____

ACCOUNT TYPE (Please circle): Checking / Savings

This authority is to remain in full force and effect until Gwynedd Monthly Meeting of the Religious Society of Friends has received written notification from me/us to modify or terminate these instructions.

Date:_____

Name (Print):_____

Signature:_____

Co-Signature if Joint Account:

Name (Print):_____

Signature:_____

Note: Attach a voided blank check to validate account information.