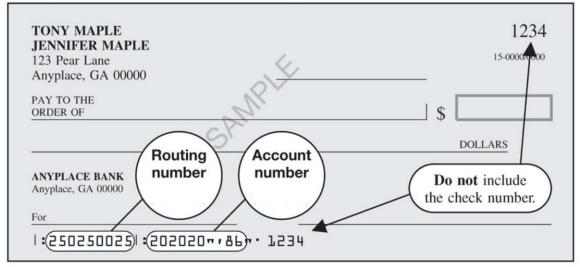
AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize St. Mark Coptic Orthodox Church in Troy Michigan to initiate debit entries to my/our account as identified below:

AMOUNT \$				
FREQUENCY: Weekly	Monthly	Others	-	
MY BANK'S NAME:				
ROUTING NO: Voided check		☐ Voided check/draft/deposit slip attack	k/draft/deposit slip attached	
ACCOUNT NO:		☐ CHK ☐ SAV		
NAME(S) (Print or Type): _ (As appears on the check)				
(Signature)	(Date)	(Spouse Signature)	(Date)	
Phone #:		E-mail:		

Sample Check-





The routing and account numbers may be in different places on your check.