

**St. John the Beloved and St. Mary Magdalene Coptic Orthodox Church**  
**12 Old Brookside Road, Randolph, NJ 07869**  
**stjstmm.org**

I/we will make the following contribution in support of the St. John the Beloved and St. Mary Magdalene Coptic Orthodox Church. I understand that I may adjust my offering at any time, if necessary, by contacting the Treasurer of the church.

- |                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> NEW AUTHORIZATION          | <input type="checkbox"/> CHANGE DONATION AMOUNT |
| <input type="checkbox"/> CHANGE BANKING INFORMATION | <input type="checkbox"/> CANCELLATION           |

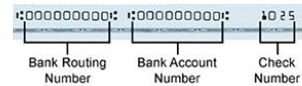
First & Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I would like to donate \$\_\_\_\_\_ from the following account:**

Routing Number (9 digits): \_\_\_\_\_

Account number: \_\_\_\_\_

\* The Routing Number and Account Number are located on the bottom of your check.



- Monthly on/around the 1st
- Monthly on/around the 15th
- Weekly

The Benefactor places a high value on the trust and confidence you as the Donor place in us and we consider your privacy our utmost concern. We do not disclose any nonpublic personal information about you to anyone, except as required by the law. We may disclose the information we collect to the financial institutions responsible for the withdrawal of funds from your account via Automated Clearing House (ACH). These companies will use the information only for the services for which we have specified, and are not permitted to use or share this information for any other purpose. If you decide at some point to discontinue the services or become an inactive donor, we will continue to adhere to the privacy policy and practices described in this notice.

**I certify that I am authorized to initiate this agreement and that I have read and understand the policies stated above. This authorization will remain in effect until I give written notice for any change or cancellation. I understand there will be a \$25.00 non-sufficient funds (NSF) fee charged to my account for any NSF debits.**

X Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reminder:**  
 Please attach your voided check.