



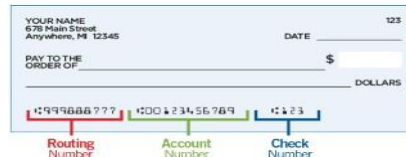
Certified historically Significant

BYBERRY MONTHLY MEETING
of the
RELIGIOUS SOCIETY OF FRIENDS
ESTABLISHED 1683

BANK TRANSFER AUTHORIZATION FORM

Byberry (Friends) Monthly Meeting

For Office Use Only		Donor #	Date:
Effective date of authorization: ____/____/____			
Type of authorization: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount </div> <div> <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation </div> </div>			
Last Name		First Name	
Address			
City		State	Zip
Phone Number			
Email Address			
Date of first donation: ____/____/____	Frequency of donation (please check one) <div style="margin-top: 5px;"> <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> One-Time </div>		Amount to Byberry MM: \$ ____
Please debit my donation from my (check one): <div style="margin-top: 10px;"> <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing # </div>		Routing Number: _____ Account Number: _____	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization:		Authorized Signature: _____ Date: _____	



If using a checking account, please attach a voided check to this page.

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