

ANTIOCH NETWORK
SafeChex Automated Contribution Authorization

Send Completed Form & Voided Check To:

Antioch Network 530 E. McDowell Road; Suite #107; PMB #623 Phoenix, AZ 85004 (480) 844-2726

Save time & money by signing up for our **SafeChex Contribution Plan**. For your convenience, and with the help of your bank, we will automatically deduct your monthly contributions from your checking account. No more checks to write! No more stamps! Simply complete the information below and attach a voided check. **You will receive a cancelled check with your bank statement, and a receipt from Antioch Network for each donation.**

PLEASE **PRINT** THE FOLLOWING INFORMATION:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ WORK (____) _____

PLEASE INITIAL THE TRANSACTION DAY OF YOUR CHOICE:

_____ 4TH Day of Each Month _____ 19th Day of Each Month

I hereby authorize **Antioch Network** to initiate an automatic debit to the account designated below in the amount of \$_____ per month indefinitely or for _____ consecutive months, starting _____ 20__, representing my monthly contribution to this ministry. I understand that this authorization will be in effect until I notify Antioch Network in writing that I no longer desire this automated service, allowing reasonable time for action on my notification.

Designation (Typically a staff person or project) _____

SIGNATURE

DATE

BANK NAME _____

BANK ROUTING # (9 digits) I: _____ I:
(# between the " I: " symbols)

ACCOUNT # _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

For Office Use Only: Enter Date: _____ / _____ / _____ By: _____
