



**Annunciation Greek Orthodox Church**  
 64 Hershey Avenue, Lancaster, Pennsylvania 17603  
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 www.annunciationorthodox.org

Rev. Dr. Alexander Goussetis, Pastor  
 Rev. Hector Firoglanis, Assistant Pastor, Rev. Dr. Alexander Veronis, Pastor Emeritus

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED WITHDRAWALS (DEBITS)  
 FOR PAYMENT OF STEWARDSHIP TO THE ANNUNCIATION GREEK ORTHODOX CHURCH**

I hereby authorize Annunciation Greek Orthodox Church to initiate debit entries to my account number indicated below at the depositories named below and to initiate, if necessary, credit entries or adjustments for any debit error. This agreement can be cancelled at any time by the payee.

Please attach a voided check.

Parishioner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Envelope Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Transit/Routing ABA # \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type: (check one only)      ( ) Checking      ( ) Savings

I choose to have my account debited for my stewardship:

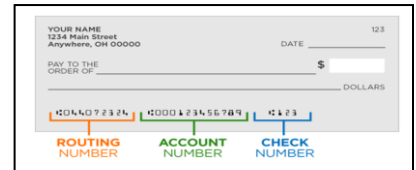
( ) Monthly: The 15<sup>th</sup> of each month. Amount to withdraw per month: \$ \_\_\_\_\_

( ) Bi-monthly: 1<sup>st</sup> & 15<sup>th</sup> of each month. Amount to withdraw bi-monthly: \$ \_\_\_\_\_

Parishioner Name \_\_\_\_\_ Date \_\_\_\_\_

Please Print

Signature \_\_\_\_\_



\*The amount specified for withdrawal will be adjusted in accordance with your stewardship pledge each year. The parishioner may also adjust the withdrawal amount with notice to the church office at any time throughout the year.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement has been provided (30 day notice is required).