

# ACH

(Automatic Deduction)



emmanuel episcopal church

# 2026

New and Renewal

*Similar to your own household budgets, Emmanuel relies on a predictable flow of income to support its mission and ministries. Entering into this agreement to have your pledge automatically deducted from your bank account makes it easy to fulfill your financial commitment, even when you are absent from worship services for whatever reason. And you never have to bring a check on Sunday. Giving electronically also reduces the volunteer time it takes to record, process, and deposit paper checks. Thank you for adopting this method.*

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PLEDGE PAYMENTS

I (we) hereby authorize **Emmanuel Episcopal Church**, to initiate monthly debit entries to my (our) Checking / Savings Account indicated below at the depository financial institution named below, and Emmanuel is authorized to debit the same to such account for the monthly amount noted below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**For EXISTING participants only:**

**Should deductions be made from the same bank account as in 2025?**

☐ **Yes**    ☐ **No**

**If NEW signup or CHANGING bank account, please complete this portion:**

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Checking (**Please attach a voided check**)

☐ Savings (**Please attach verification of account number**)

**ALL TO COMPLETE: (Please make sure monthly deduction multiplied by 12 agrees to your pledge)**

**I authorize Emmanuel Episcopal Church to deduct \$ \_\_\_\_\_ each month on the business day falling on or after the 21st day of the calendar month.**

**IMPORTANT NOTE:** This authorization is to remain in full force and effect until Emmanuel has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Emmanuel and the financial institution a reasonable opportunity to act on it.

Name(s) on Account \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Signature (1 required) \_\_\_\_\_

*Any questions? Please contact Jane at [jtonokawa@gmail.com](mailto:jtonokawa@gmail.com) or 808-223-1376.*