



Electronic Giving Request

Yes, I/we authorize The Antioch Partners to initiate debit entries directly from my/our account maintained at the depository institution named below. This debit will occur: (SELECT ONE)

MONTHLY
(the 15th of each month.)*

QUARTERLY
(March 15, June 15, September 15, December 15)*

* If the 15th is a weekend or holiday, the debit will occur on the next banking day.

My bank information: **(for checking account withdrawals, please attached a voided check)**

This account is: **CHECKING** **SAVINGS**

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Each donation is to be designated to The Antioch Partners account as indicated:
(Please indicate dollar amount)

\$ _____ **Preference for Silas and Zoe Support**

This authority is to remain in full force and effect until The Antioch Partners has received written notification from me (or either of us) that I (we) wish to revoke this authorization. I (we) understand that The Antioch Partners requires at least 7 (seven) days prior written notice to cancel authorization.

Name (please print) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address* _____

*If you want to receive an e-receipt for your electronic contributions, please provide your email address.

Signature _____

Please mail to our financial office:
The Antioch Partners, 7132 Portland Avenue, Suite 136
Richfield, MN 55423-3264

If you have any questions, contact The Antioch Partners at 713.490.9571.