



# 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: (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** \_\_\_\_\_ **(Name of TAP Partner)**

This authority is to remain in full force and effect until The Antioch Partners has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Antioch Partners and my bank a reasonable opportunity to act on it.

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_

**Please attach a voided check and mail to:**  
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.