

AUTHORIZATION FORM: Saint Philip's Episcopal Church

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|---|--|--|---|-----------------------------------|--------------------------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE | | | |
| Effective date of authorization: ____/____/____ | | | | | |
| Type of authorization: | <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information | <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation | <input type="checkbox"/> Change donation date | | |
| Last Name | | First Name | | | |
| Address | | | | | |
| City | | State | Zip | | |
| Email Address | | | | | |
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly | FUNDS: <input type="checkbox"/> Pledge <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Other _____ | AMOUNTS: \$ _____ \$ _____ \$ _____ | | |
| DATE OF LAST DONATION: ____/____/____ | | | | | |
| LAST 4 DIGITS OF CREDIT/DEBIT CARD: — — — — | | Total from above \$ _____ <input type="checkbox"/> Optional (card donations only): Add an additional 3-5% to defray card processing fees | | | |
| I authorize the above organization to process transactions in accordance with the information above. | | | | | |
| Signature (as it appears on the card): _____ | | Date: _____ | | | |
| CHECKING / SAVINGS | Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ | | |
| I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | | | | |
| Signature (as it appears on the card): _____ | | Date: _____ | | | |
| CREDIT / DEBIT CARD | Card Brand (check one): | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover | <input type="checkbox"/> |
| | Card Number: | | Expiration Date: | | |
| | Name on Card: | | | | |
| | Billing Address (if different from above): | | | | |