

# ELECTRONIC GIVING AUTHORIZATION FORM

The Episcopal Church of St. Peter & St. Paul

ES11250

	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email Address		Phone #
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> Operating \$ _____ <input type="checkbox"/> Carpenter's Work \$ _____ <input type="checkbox"/> Designated \$ _____ <input type="checkbox"/> Building \$ _____  Total \$ _____
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ @123456789 123 1234567 0001 └─── Routing Number      └─── Account Number      └─── Check 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.  Authorized Signature: _____ Date: _____	

*If using a checking account, please attach a voided check at the bottom of this page.*