Electronic giving Authorization ForM - 2024

**Prince of Peace Episcopal Church, 5700 Rudnick Avenue, Woodland Hills CA 91367**

***If you are giving by check or cash using offering envelopes, you do NOT have to complete this form.***

***If you are giving electronically (via account withdrawal or with a debit/credit card), please see the “How can I support Prince of Peace” page on the POP website for how to pledge online:*** [***https://www.popwh.org/mygiving.html***](https://www.popwh.org/mygiving.html)***.***

***OR…***

***You may complete and return this form to the POP Office along with the 2024 pledge card. For more information, contact Ann Gillinger at (818) 346-6968 or email Dave Dumas, Treasurer at treasurer@popwh.org.***

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY** | **ENVELOPE/DONOR #** | **DATE** |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ***Please complete the entire form even if prior year’s information has not changed.***  |
| **Type of authorization:**  | * New authorization
 | * Change donation amount
 | * Change donation date
 |
|  | * Change banking info
 | * Discontinue electronic donation
 |  ❑ Renew authorization  |
| Last Name | First Name |
| Address |
| City | State | Zip |
| Email Address |
| **DATE OF FIRST DONATION:**\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | **FREQUENCY OF DONATION:*** Weekly – Mondays
* Semi-Monthly – 1st and 15th
* Monthly on the 1st
* Monthly on the 15th
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **AMOUNT of EACH****DONATION:**Pledge: $\_\_\_\_\_\_\_\_\_\_\_\_ **Please see Processing Fees disclaimer on right** |  | **PROCESSING FEES:*** Gifts given by credit or debit card will be increased by 3% to offset fees incurred by Prince of Peace. To decline and have POP pay fees, check here
* Note: Gifts given via withdrawal from checking or savings account incur zero fees
 |
| **ANNUAL SPECIAL CONTRIBUTIONS** |
| * Easter Offering
* Christmas Offering
 | $ \_\_\_\_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_ | Transfer: 03/29/24Transfer: 12/24/24 |
| **CHECKING / SAVINGS** | Please debit my donation from my (check one):* Savings Account (contact your financial institution for Routing #)
* Checking Account (**attach a voided check below, UNLESS one is already on file)**
 | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_chk_inf1 |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CREDIT / DEBIT CARD | Card Brand (check one): | Visa | MasterCard |  |  |
| Card Number: | Expiration Date: |
| Name on Card: |
| Billing Address (if different from above): |
| I authorize the above organization to process transactions in accordance with the information above.Signature (as it appears on the card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |