

ELECTRONIC GIVING AUTHORIZATION FORM - 2019

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

If you would like to pay your pledge electronically (by a checking account debit or with a credit card), please complete and return this form in addition to the 2019 pledge card. If you are paying by check and using weekly or monthly offering envelopes, you do NOT have to complete this form. For more information, contact Katherine Geeslin at (818) 346-6968.

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE												
Effective date of authorization: ____/____/____ <i>Please complete the entire form even if prior year's information has not changed.</i>														
Type of authorization: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> New authorization</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Change donation amount</td> <td style="width: 34%; border: none;"><input type="checkbox"/> Change donation date</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Change banking information</td> <td style="border: none;"><input type="checkbox"/> Discontinue electronic donation</td> <td style="border: none;"><input type="checkbox"/> Renew authorization</td> </tr> </table>			<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	<input type="checkbox"/> Renew authorization						
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Last Name		First Name												
Address														
City		State Zip												
Email Address														
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Other _____	AMOUNT of EACH DONATION: Pledge: \$ _____ PROCESSING FEES: <input type="checkbox"/> I am willing to add \$1/week (\$4/month) to my pledge to offset electronic processing fees.												
ANNUAL SPECIAL CONTRIBUTIONS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Easter Offering</td> <td style="width: 15%; border: none;">\$ _____</td> <td style="width: 52%; border: none;">Date to be transferred: 04/22/19</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Community Outreach</td> <td style="border: none;">\$ _____</td> <td style="border: none;">Date to be transferred: 07/01/19</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Holiday Baskets</td> <td style="border: none;">\$ _____</td> <td style="border: none;">Date to be transferred: 11/15/19</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Christmas Offering</td> <td style="border: none;">\$ _____</td> <td style="border: none;">Date to be transferred: 12/26/19</td> </tr> </table>			<input type="checkbox"/> Easter Offering	\$ _____	Date to be transferred: 04/22/19	<input type="checkbox"/> Community Outreach	\$ _____	Date to be transferred: 07/01/19	<input type="checkbox"/> Holiday Baskets	\$ _____	Date to be transferred: 11/15/19	<input type="checkbox"/> Christmas Offering	\$ _____	Date to be transferred: 12/26/19
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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, UNLESS one is already on file)	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. Authorized Signature: _____ Date: _____													
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> 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: _____													

If using a checking account, please attach a voided check over the credit/debit card section above.