

ELECTRONIC GIVING AUTHORIZATION FORM - 2021

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>.

OR...

You may complete and return this form to the POP Office along with the 2021 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: ____/____/____ <i>Please complete the entire form even if prior year's information has not changed.</i>		
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 info <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Renew authorization		
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: \$ _____ 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 <input type="checkbox"/> <i>Note: Gifts given via withdrawal from checking or savings account incur zero fees</i>		
ANNUAL SPECIAL CONTRIBUTIONS <input type="checkbox"/> Easter Offering \$ _____ Transfer: 03/31/21 <input type="checkbox"/> Christmas Offering \$ _____ Transfer: 12/24/21		
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: _____	