ELECTRONIC GIVING AUTHORIZATION FORM - 2023

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 2023 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 $ _____ Transfer: 03/31/23
- ❑ Christmas Offering $ _____ Transfer: 12/24/23

CHECKING / SAVINGS

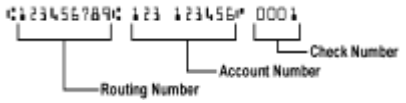
Please debit my donation from my (check one):

- ❑ 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: _____



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: _____