

# ELECTRONIC GIVING AUTHORIZATION FORM - 2024

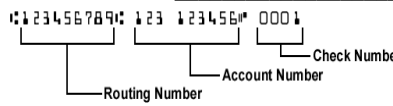
Prince of Peace Episcopal Church, 5700 Rudnick Avenue, Woodland Hills CA 91367

*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>.*

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](mailto:treasurer@popwh.org).*

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>	
Effective date of authorization: ____/____/____ <i>Please complete the entire form even if prior year's information has not changed.</i>			
<b>Type of authorization:</b> <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			
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <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> <input type="checkbox"/> Other _____	<b>AMOUNT of EACH DONATION:</b> Pledge: \$ _____  <b>Please see Processing Fees disclaimer on right</b>	<b>PROCESSING FEES:</b> 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:</i> Gifts given via withdrawal from checking or savings account incur zero fees
<b>ANNUAL SPECIAL CONTRIBUTIONS</b> <input type="checkbox"/> Easter Offering      \$ _____      Transfer: 03/29/24 <input type="checkbox"/> Christmas Offering      \$ _____      Transfer: 12/24/24			
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account ( <b>attach a voided check below, UNLESS one is already on file</b> )		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____		
<b>CREDIT / DEBIT CARD</b>	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: _____		