



A convenient, consistent way to help our church grow

Enjoy the convenience of electronic giving

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic contributions, complete the authorization form on the right and return it to the church office.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____
 4123456789 123 456789 0001
 └─── Routing Number ───┬─── Account Number ───┬─── Check Number ───

AUTHORIZATION FORM

Church name: _____
 Your name: _____
 Address: _____
 City, State, Zip: _____
 Email address: _____

I would like to make the following contribution(s):

- One Dollar More Pledge Fund \$ _____
 Diocesan Services Appeal \$ _____
 Other _____ \$ _____
Total \$ _____

Date of first contribution: ____/____/____

Frequency of contribution (check one):

- Monthly on the 1st
 Monthly on the 15th
 Weekly - Mondays
 Semi-monthly - 1st and 15th

CHECKING / SAVINGS Complete this section if using your checking or savings account

Please debit my (check one):

- Checking account—attach voided check Savings account—attach voided deposit slip

Routing #: _____ Account #: _____

Valid routing # must start with 0, 1, 2 or 3

I authorize the above organization to process debit entries to the above 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 Complete this section if using your credit or debit card

Please charge my (check one): Visa MasterCard Discover American Express

Card #: _____ Expiration Date: _____

Name on card: _____

Billing Address (if different from above): _____

I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ____/____/____