AUTHORIZATION FORM FOR ELECTRONIC GIVING

All Saints' Episcopal Church
Attn: Barbara Messick, Financial Administrator
110 West Hawthorne Road
Homewood, Alabama 35209
www.allsaintsbirmingham.org

For Office Use Only		Date

Effective date of authorization:_____

Type of Authorization Form:
____New authorization
____Change donation amount
____Change donation date--
____Change banking information
____Discontinue electronic donation

Last Name	First Name
Address	
City	State Zip
Email Address	Phone

Bank Account Information

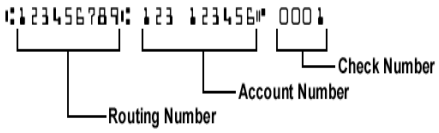
Please debit my donation from my (check one):

___ Checking Account (attach a voided check to this form)

___ Savings Account (contact your financial institution for Routing #)

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

Account Number: _____



Credit / Debit Card Information

Please charge my donation to my (check one):

__ Visa __ Mastercard __American Express __Discover

Credit Card Number: _____

Expiration Date on Card: _____ Security Code:_____

Billing Address (if different from above):

_____

_____

Donation Information:

Please check and designate an amount for each of the following monthly donations:

$_____ (per month) 2011 All Saints' Annual Fund

$_____ (per month) 2011 All Saints' Capital Fund

Date of first donation: _____/_____/_____

Date of last donation (optional) _____/_____/_____

Optional: ___ please add 2.5% to my donation amount to help offset the credit card processing fees.

Agreement

I authorize All Saints' Episcopal Church to process debit and/or credit entries to my account based on my selections made above. I understand that this authority will remain in effect until I provide reasonable notification (at least 5 business days) to terminate the authorization.

Authorized Signature:_____ Date:_____