ONLINE PAYMENT AUTHORIZATION FORM

Grace Covenant Presbyterian Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:

- ❑ New authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Software Transition

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

DATE OF LAST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Weekly
- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Monthly on the ___ day
- ❑ Other: _____

FUNDS:	AMOUNTS:
❑ 2023 General Fund	$_____
❑ Other_____	$_____
❑ Offset Credit Card Fees (+2.75%)	$_____
❑ Offset ACH Fees (+1%)	$_____
Total from above	**$_____**

CHECKING / SAVINGS

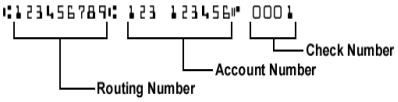
Please debit my donation from my (check one):

- ❑ Checking Account (attach a voided check below)
- ❑ Savings Account (contact your financial institution for Routing #)

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 ❑ American Express ❑ Discover Card

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: _____

If using a new checking account, please attach a voided check over the credit/debit card section above.

PLEASE SIGN AND RETURN THIS FORM TO:

GRACE COVENANT PRESBYTERIAN CHURCH
ATTN: FINANCE OFFICE
789 MERRIMON AVE
ASHEVILLE, NC 28804

OR **nweaver@gcpcusa.org**