

AUTOMATIC DEBIT AUTHORIZATION FORM

Covenant Presbyterian Church

With Automatic Debit, your monthly contribution is automatically deducted from an account you designate.

Please return completed form to Ingrid Smith, Financial Administrator, in the church office.

Questions? Contact Ingrid, ingridsmith@covenantpcusa.org, 614-451-6677, ext. 13

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization: <u> / / </u>			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	
Email Address			
DATE OF FIRST DONATION: <u> / / </u>	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Monday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS:	AMOUNTS:
		<input type="checkbox"/> General/Operating <input type="checkbox"/> Banking <input type="checkbox"/> Other: _____	\$ _____ \$ _____ \$ _____
		Total from above	\$ _____
		<input type="checkbox"/> Optional (card donations only): Add an additional 2.75% to defray card processing fees	x 2.75% Grand total: \$ _____
C H E C K I N G / S A V I N G S	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) <u>If using a checking account, please attach a voided check over the credit/debit card section below.</u>		
	Routing Number: _____ Valid Routing # routes start with 0, 1, 2, or 3 Account Number: _____ CREDIT CARD DATE: _____ — Checkmark — Account Number — Routing Number		
I authorize the above organization to process debits to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____ Date: _____			
C R E D I T / D E B I T C A R D	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> DiscoverCard		
	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: _____		



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