ELECTRONIC GIVING AUTHORIZATION FORM

Name of the organization: RESURRECTION CHURCH, APTOS, CALIFORNIA

FOR OFFICE USE ONLY	ENVELOPE#	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address	Phone Number:	

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
_____/_____/_____	❑ Weekly – Mondays	❑ General Fund (plate)	$_____
	❑ Semi-Monthly – 1st and 15th	❑ Parish Assistance Ministry	$_____
	❑ Monthly on the 1st	❑ Other (please list:_____	$_____
	❑ Monthly on the 15th	❑ Other (please list:_____	$_____
	❑ Quarterly (1st of month beginning _____)	**Total**	**$**_____
	❑ One Time Only		

ANNUAL CONTRIBUTIONS

- ❑ Easter offering $ _____ Transferred on April 1st
- ❑ Thanksgiving offering $ _____ Transferred on November 20th
- ❑ Christmas offering $ _____ Transferred on December 15th

CHECKING / SAVINGS

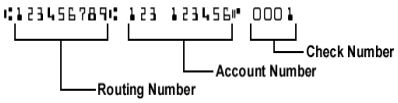
Please debit my donation from my (check one):

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

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