

**Church of the Transfiguration**  
Regular Offertory Debit Authorization Card



Name: \_\_\_\_\_

Account # \_\_\_\_\_

*Checking*    *Savings*    *1st* or    *15th of the month*

Bank Routing Code#

Monthly Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Envelope # \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please enclose a voided check for verification of Bank and Account number. Thank you.

I hereby authorize the Church of the Transfiguration to deposit my regular offertory contribution by initiating debit withdrawals from my account at the financial institution indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_