

AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

Church of St. Andrew



Or scan the QR code and set up yourself.

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE													
Effective date of authorization: ____/____/____																	
Type of authorization: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information </div> <div> <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation </div> <div> <input type="checkbox"/> Change donation date </div> </div>																	
Last Name			First Name														
Address																	
City				State	Zip												
Email Address																	
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		<table style="width: 100%;"> <tr> <th style="text-align: left;">FUNDS:</th> <th style="text-align: left;">AMOUNTS:</th> </tr> <tr> <td><input type="checkbox"/> Regular Contributions</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Legacy ENDOWMENT Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Tuition Assistance Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> St. Andrew School Donation</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>\$ _____</td> </tr> </table>		FUNDS:	AMOUNTS:	<input type="checkbox"/> Regular Contributions	\$ _____	<input type="checkbox"/> Legacy ENDOWMENT Fund	\$ _____	<input type="checkbox"/> Tuition Assistance Fund	\$ _____	<input type="checkbox"/> St. Andrew School Donation	\$ _____	<input type="checkbox"/> Other _____	\$ _____
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				For credit card transactions, we are asking you to help offset the cost. <div style="display: flex; justify-content: flex-end; align-items: center;"> \$ _____ x 3.00% \$ _____ </div>													
CHECKING / SAVINGS	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)			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;"> </div>													
	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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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.