

# 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](mailto:ingridsmith@covenantpcusa.org), 614-451-6677, ext. 13

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
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	Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	FUNDS: <input type="checkbox"/> General Operating <input type="checkbox"/> Building <input type="checkbox"/> Other: _____
		AMOUNTS: \$ _____ \$ _____ \$ _____  Total from above    \$ _____  <input type="checkbox"/> Optional (card donations only): Add an additional 2.75% to defray card processing fees  Grand total    \$ _____
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)  <b><u>If using a checking account, please attach a voided check over the credit/debit card section below.</u></b>	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3  Account Number: _____ 01100 2530 125 110000 0000 _____ Check Number _____ Account Number _____ Routing Number
	I authorize the above organization to process debits from 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/Novus	
	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: _____	

