

Yes, I would like to give electronically!

## Electronic Giving

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

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

City, State, Zip: \_\_\_\_\_

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

Please withdraw funds from my (check one):

Checking account-attach voided check

Savings account-attach voided check

<input type="checkbox"/> Discover	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Acct # _____	Exp. Date ____/____/____	

Date of first contribution/withdrawal \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of contribution:

- |   |    |       |
|---|----|-------|
| <input type="checkbox"/> One-time   | \$ | _____ |
| <input type="checkbox"/> Weekly on Mondays                                    | \$ | _____ |
| <input type="checkbox"/> Semi-monthly (1 <sup>st</sup> and 15 <sup>th</sup> ) | \$ | _____ |
| <input type="checkbox"/> Monthly on the 1 <sup>st</sup>                       | \$ | _____ |

I authorize the above The Church of St. Peter transfer money from my account. I understand that this authority will remain in effect until I provide a reasonable notification (at least 5 business days) to terminate the authorization.

\_\_\_\_\_  
 Signature on bank account Date

<b>FOR OFFICE USE ONLY</b>	
Envelope # _____	Date: _____