The Church of St. Peter 241 Broadway Saratoga Springs, NY 12866

AUTHORIZATION FOR ELECTRONIC GIVING

FOR OFFICE USE ONLY	ENVELOPE/DONOR #			Date:	
Effective date of authorization:					
Type of Authorization Form:	orization Form: New Authorization(ange Banki	ing information
Change donation amount			Discontinue electronic donation		
Change donation date					
Last Name:		First Name:			
Address:					
City:		State:	Zip:		
Please debit my donation from my (check one): Checking Account (attach a voided check below) Savings Account (contact your financial institution for Routing #) Credit card number exp. date		Routing Number: Valid Routing # must start with 0,1,2, or 3 Account Number: Routing/Transit Number & Transit Symbols - These symbols represent the start and end of the Routing/Transit number. Routing/Transit Number - On-US Symbol - This symbol marks the end of the Account number. 1: 251481614: Routing/Transit Number - This is your checking account number. Check Number - Chartway scans the check number electronically in order for it to appear on your monthly statement.			
Regular Offertory-Frequency and Amount of Donation (check only one) One time (yearly) Weekly—Mondays Semi-Monthly (1st and 15th) Monthly on the 1st \$					
Agreement I authorize The Church of St. Peter to process debit entries to my account. I understand that this authority will remain in effect until I provide notification (at least 5 business days) to terminate the authorization. Authorized Signature: Date:					