

CHURCH OF THE TRANSFIGURATION

Debit Authorization Agreement

I hereby authorize the Church of the Transfiguration to accept my regular offertory contribution by initiating debit to my account at the financial institution (hereinafter BANK) indicated below.

Donor Information

Regular Sunday Offertory

Envelope # _____

(Please print)

Name _____ Social Security Number ____ - ____ - ____

Address _____ City, State, Zip _____

Telephone # _____ E-mail Address _____

(Used to confirm your authorization)

(Indicate Checking or Savings)

Checking Acct. # _____ Savings Acct. # _____

Start date: ____ / ____ / ____

Monthly Amount: \$ _____ (Check one)
1st _____ 15th _____

(Check the box if there is a change in the amount only, a voided check is NOT necessary.)

Change amount from: \$ _____ to \$ _____

This authorization is to remain in full force and effect until the Church of the Transfiguration and BANK have received WRITTEN NOTICE from me of its termination in such time and in such manner as to afford the Church of the Transfiguration and BANK a reasonable opportunity to act on it.

Signature _____ Date ____ / ____ / ____

Please attach a voided check or deposit slip here.
It must include the 9 digit routing code and account number.