

Transfiguration Catholic Church & School

Authorization Agreement for Automatic Withdrawal of Funds

Donor Information:

Last Name _____ First Name _____

Street Address _____

City, State, Zip _____

Contribution Information:

I would like to make the following contribution:

Date of First Contribution: ___/___/___

Financial Pledge \$ _____

Frequency of Contribution:

Big Ticket Fund \$ _____

Weekly - Tuesdays
Bank Account only

Long Term Debt Reduction \$ _____

Monthly on the 5th

Monthly on the 20th

Total Contribution \$

Donation Method:

Checking Account (please attach voided check)

Routing Number _____ Account Number _____

Savings Account (contact your financial institution for routing number)

Routing Number _____ Account Number _____

Credit Card Account

Visa

MasterCard

Discover

Card Number _____ Exp Date _____ Code _____

Authorization:

I authorize Transfiguration Catholic Church 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.

Signature _____ Date _____
