

**CHURCH OF THE ANNUNCIATION
ELECTRONIC GIVING PAYMENT AUTHORIZATION FORM**

Please print all information. Please give at least two weeks notice of any changes.

Name on account	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New payment from account specified below <input type="checkbox"/> Change indicated below (Bank account information is not needed if all you are changing is your contribution amount or contribution schedule.) <input type="checkbox"/> Discontinue electronic funds transfer from account specified below	

Bank Account Information	
Account Type	<input type="checkbox"/> Checking <i>(Please attach a voided check.)</i> <input type="checkbox"/> Savings <i>(Please attach a blank deposit slip.)</i>
Routing Number	
Account Number	
Bank Name	
Authorization Effective Date / /	

Contribution Amount & Schedule

Contribution Amount Worksheet		
<i>Please use this worksheet to help calculate your donation amount for the table below.</i>		
1	Weekly contribution amount for regular Sunday collection	\$
2	Annual contribution amount (Line 1 x 52)	\$
3	Monthly contribution amount (Line 2 ÷ 12)	\$
4	Quarterly contribution amount (Line 2 ÷ 4)	\$
5	Semi-annual contribution amount (Line 2 ÷ 2)	\$

Contribution Schedule*	Contribution Amount <i>as calculated in the worksheet above</i>	Collection Day <i>(Choose day of month for withdrawal from your account)</i>
<input type="checkbox"/> Monthly <i>(12 times a year)</i> <input type="checkbox"/> Semi-annually <i>(2 times a year)</i> <input type="checkbox"/> Quarterly <i>(4 times a year)</i> <input type="checkbox"/> Annually <i>(once a year)</i>	\$	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th

*Quarterly donations are collected in January, April, July and October. Semi-annual donations are collected in January and July. Annual donations are collected in January.

I authorize Church of the Annunciation to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand that I will be charged a \$20.00 fee per transaction if any transactions fail due to insufficient funds or outdated account information.

Authorization: _____ Date: _____
Signature

Print Name

Please remember to attach a voided check (if using a checking account) or a deposit slip (if using a savings account).