

St. Andrew's Episcopal Church

Monthly Pledge Payment Plan Authorization Form

Choose Direct Debit or Charge and complete appropriate section below.

Note: Electronic Payments can also be made through PayPal to paypal@saintandrewschurch.net or by using the Donate button found on www.saintandrewschurch.net.

Table with 3 columns: First Name, Middle Name, Last Name; Address, City, State, Zip, Phone

MONTHLY DIRECT DEBIT FROM YOUR BANK ACCOUNT

Start Date: Month: Payment Amount \$
End Date: Month: Number of Payments:
Total Pledge \$

Your Bank Information

Bank: Phone Number: ( )
Address:
Routing Number:
Account Number: ( Please attach one voided check to this form)

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until St. Andrew's Episcopal Church and bank receive written notification from me of intent to terminate at such time and in such manner as to afford St. Andrew's Episcopal Church and bank reasonable opportunity to act (Minimum 15 days).

All changes such as payment amount, frequency, bank account number change, will require a new Pledge Payment Plan Authorization Form to be filled out and submitted to St. Andrew's Episcopal Church 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by St. Andrew's Episcopal Church due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00, which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and St. Andrew's Episcopal Church harmless from damage, loss or claim resulting from all authorized actions hereunder.

Authorized Signature: Date:

Second authorized signature of bank account if required: Date:

A cancelled or voided check from the customer's bank account must be stapled to this authorization form.

MONTHLY CHARGE TO VISA, MC, DISCOVER OR AMEX (including Debit Cards)

Start Date: Month: Payment Amount \$
End Date: Month: Number of Payments:
Total Pledge \$

Card Type (Circle One): VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

Name on Card

Card Number: Exp. Date

Card Verification Digits (from back of card)

Authorized Signature: Date: