

Electronic Donation Authorization Form

Church of the Immaculate Conception

400 Saratoga Road, Glenville, New York 12302
(518) 399-9168

www.ic-glenville.com

I request my bank or credit card company to make the following recurring transfers of funds until further notice:
Check **all** that apply:

I wish to gift the Church \$ _____ each month for 12 months/year.

To effect this gift, please transfer funds from my account

check **one**:

on a monthly basis on the following date of the month _____.

on a bi-monthly basis on the following dates of the month _____ & _____.

I wish to gift the Church \$ _____ each week for 52 weeks/year.

To effect this gift, please transfer funds from my account

check **one**:

on a monthly basis on the following date of the month _____.

on a bi-monthly basis on the following dates of the month _____ & _____.

I wish to gift the Church Renovation Fund \$ _____ each month for 12 months/year.

To effect this gift, please transfer funds from my account

check **one**:

on a monthly basis on the following date of the month _____.

on a bi-monthly basis on the following dates of the month _____ & _____.

I understand that these transfers are authorized to begin no earlier than April 1, 2009, and that I may change my donation, or any elements of this agreement, by contacting the parish office.

Checking (Attach a voided check)

Savings (Attach a voided deposit ticket)

VISA

Acct. # _____

MasterCard

Exp. Date ____ / ____

Giver's Name _____

Phone _____

Address _____

E-mail _____

City / State / Zip _____

Date _____ Giver's Signature _____



Separate along dotted line and retain bottom portion for your (donor) records.

Thank you! Your faithfulness is appreciated. Please contact us for any changes required.

Monthly Amount _____ **Date of Transfer** _____

Bank Account _____ **Credit/Debit Card** _____

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