



ELECTRONIC GIVING AUTHORIZATION FORM

17205 County Road Six | Plymouth, MN 55447 | spdlc.org
 Church Office: 763-475-7100 | Church Fax: 763-475-7171
 Cheryl Sjaarda, Financial Administrator: 763-475-7124

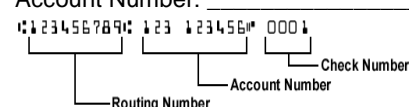
**To have St. Philip the Deacon set up your electronic contributions, please fill out and return this form.
 If you prefer to manage your contributions online yourself, please visit spdlc.org/giving.**

Effective date of authorization: _____ / _____ / _____

Type of Authorization Form: New Authorization Change banking information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name	First Name	Envelope #
Address		
City	State	Zip
Email Address		Phone #

FIRST DONATION DATE: _____/_____/_____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly on the 1 st and 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> <i>Promise</i> (Annual Operating) \$ _____ <input type="checkbox"/> <i>Vision 20/20</i> (Capital Appeal) \$ _____ <p style="text-align: right;">Total \$ _____</p>
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above 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. Authorized Signature: _____ Date: _____	

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above church to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____

A note about credit card giving: St. Philip the Deacon pays a processing fee of 2.75 to 3.5 percent on each credit card contribution. If you enjoy the convenience of giving by credit card, please consider increasing your gift slightly to help offset this cost to the church. Thank you!

If using checking account: Attach a voided check if 1.) This is a new authorization or 2.) There is a change in bank information.

Thank you for your partnership in the Gospel at St. Philip the Deacon. | **Ephesians 1:15-19**