



ELECTRONIC GIVING AUTHORIZATION FORM

17205 County Road Six | Plymouth, MN 55447

Church office: 763-475-7100 | info@spdcl.org

Finance Office: 763-475-7124 | finance@spdcl.org

This form is only necessary if you would like to have St. Philip the Deacon set up regular electronic contributions for you. If you prefer to manage your contributions online yourself, please visit spdcl.org/giveonline. If you have questions about giving, or would like to arrange for other types of gifts (stocks, mutual funds or other assets), please contact the Finance office, 763-475-7124 or finance@spdcl.org.

Effective date of authorization: _____ / _____ / _____ (MM/DD/YYYY)

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

Last Name		First Name		Giving Code #
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"/> General Fund (Annual Operating) \$ _____ <input type="checkbox"/> Being Made Whole (Capital Appeal) \$ _____ <div style="text-align: right;">Total \$ _____</div>	

GIVING METHOD

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)		Routing #: _____ Valid Routing # must start with 0, 1, 2 or 3	
	If using checking account , attach a voided check if: 1. This is a new authorization. 2. There is a change in bank information.		Account #: _____ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Routing # </div> <div style="text-align: center;"> Account # </div> <div style="text-align: center;"> Check # </div> </div>	
<i>I authorize St. Philip the Deacon Lutheran Church to process debit entries to my account. I understand that this authority will remain in effect until I provide notification to adjust or change this authorization.</i>				
Authorized Signature: _____ Date: _____ / _____ / _____				

OR

Credit Card	Please charge my donation to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card			
	Credit Card Number			Exp. Date: _____ / _____
	Name on card			
	Billing address (if different from above):			
	<i>I authorize St. Philip the Deacon Lutheran Church to charge my credit card in accordance with the information above.</i>			
Signature (as it appears on 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 transaction. 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!

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