

# Church of the Holy Cross

2455 GALLOWS ROAD, DUNN LORING VA 22027 • 703.698.6991

## 2020 ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Today's Date

Office use only:

Bank Client #

Type of Authorization Information:  New Authorization  Change donation amount  Change donation date  
 Change bank information  Discontinue electronic donation

Last Name:

First Name:

Address

Apt. #

City

State

Zip

Please debit my gift from my (check one):  checking account (attach a voided check)  
 savings account (contact your financial institution for routing #)

Bank routing number

Note: valid routing number must start with 0, 1, 2, or 3

Bank account number

Total amount of pledge: \$

Date for first pledge

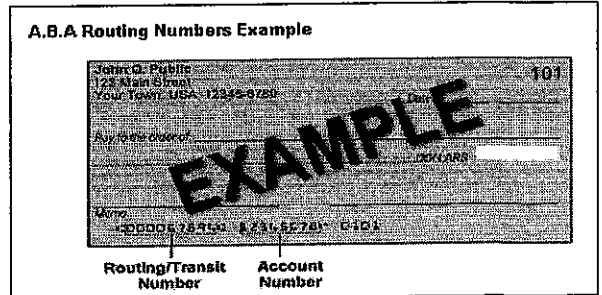
payment by electronic transfer: mm / dd / yyyy

Frequency of pledge payment:

Monthly—15th of the month

Monthly amount \$

For other payment schedules, indicate instructions here:



### AGREEMENT

I authorize Holy Cross and its bank 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. I also understand that once the amount of my total pledge is reached, debits will be discontinued and this agreement will terminate automatically.

Authorized Signature:

Date: