



The Episcopal Church
of the Transfiguration

To know Jesus Christ, the Son of God,
and to make Him known

ACH Authorization Form

Donor Information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Bank Information:

Bank Name:

Routing Number:

Account Number:

Authorization:

I, _____, **hereby authorize**
The Episcopal Church of the Transfiguration to debit my bank
account for the amount of \$_____ **on or shortly after the date of**
this authorization and recurring every: (check one) ☐ once ☐ week ☐
month ☐ year **until** _____, 20____.

I understand that this authorization will remain in effect until the date listed
above or if blank, until I notify the organization in writing to revoke it.

I would like this pledge to go towards:

☐ Unrestricted pledge ☐ Restricted Pledge _____

Signature:

Date: _____

