



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: _____

