

Electronic Donation Authorization Form

Church of St. Mary at Clinton Heights

163 Columbia Turnpike, Rensselaer, New York 12144-3521
(518) 449-2232

www.stmaryny.org

I request my bank or credit card company to make the following recurring transfers of funds until further notice:

- Check **all** that apply:
- for each **Sunday** I wish to give \$ _____.
 - for each **Holy Day** I wish to give \$ _____.
 - for **Christmas** each year I wish to give \$ _____.
 - for **Easter** each year I wish to give \$ _____.

Frequency - check **one**: recurring monthly recurring twice-monthly

I prefer my recurring transfer date/s each month to be: _____

I authorize these transfers to begin on this date: _____, and that I may change my donation, or any elements of this agreement, by contacting the Church of St. Mary.

Checking (Attach a voided Check)

VISA Acc # _____

MasterCard Exp. Date ____ / ____

Giver's Name _____ Phone _____

Address _____ E-mail _____

City / State / Zip _____

Date _____ Giver's Signature _____



Please attach a voided check here:
(if using Checking Account)

