

Electronic Donation Authorization Form

Church of the Immaculate Conception

400 Saratoga Road, Glenville, New York 12302
(518) 399-9168

www.ic-glenville.com

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

I wish to gift the Church \$ _____ each month for 12 months/year.

To effect this gift, please transfer funds from my account

check **one**:

on a monthly basis on the following date of the month _____.

on a bi-monthly basis on the following dates of the month _____ & _____.

I wish to gift the Church \$ _____ each week for 52 weeks/year.

To effect this gift, please transfer funds from my account

check **one**:

on a monthly basis on the following date of the month _____.

on a bi-monthly basis on the following dates of the month _____ & _____.

I wish to gift the Church Renovation Fund \$ _____ each month for 12 months/year.

To effect this gift, please transfer funds from my account

check **one**:

on a monthly basis on the following date of the month _____.

on a bi-monthly basis on the following dates of the month _____ & _____.

I wish to gift the Church \$ _____ each holy day.

To effect this gift, please transfer funds from my account on the Solemnity of Mary (Jan. 1),
Ascension Thursday, Assumption (Aug. 15), All Saints (Nov. 1), and Immaculate Conception (Dec. 8).

I understand that these transfers are authorized to begin no earlier than October 1, 2009, and that I may change my donation, or any elements of this agreement, by contacting the parish office.

Checking (Attach a voided check)

Savings (Attach a voided deposit ticket)

VISA

Acct. # _____

MasterCard

Exp. Date ____ / ____

Giver's Name _____

Phone _____

Address _____

E-mail _____

City / State / Zip _____

Date _____ Giver's Signature _____



Separate along dotted line and retain bottom portion for your (donor) records.

Thank you! Your faithfulness is appreciated. Please contact us for any changes required.

Monthly Amount _____ **Date of Transfer** _____

Bank Account _____ **Credit/Debit Card** _____

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