

St. Gregory's Episcopal Church Recurring Pledge Payment Set-up Form

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip code _____

Phone # _____ Email _____

PAYMENT INSTRUCTIONS

In payment of my annual pledge amount of \$ _____, please charge my (check one) Credit card, Checking account, Savings account beginning on the following date _____ (mm/dd/yy) and continuing in equal amounts every _____ days or every _____ day of the month until my annual pledge amount has been paid or the end of the pledge year, whichever comes first.

PAYMENT METHOD

Credit card number _____

Expiration Date _____

OR

Bank account number _____

Name on account _____

Routing / ABA Number _____

Account type (check one) Personal Business

AUTHORIZATION

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO THE CHURCH OFFICE

You can download this document and type in the information, and then e-mail the document to the church at stgreg@bellsouth.net