

The Episcopal Church of the Good Shepherd
1100 Stockton St. Jacksonville, FL 32204

Electronic Giving Authorization Form

Name _____

Address _____

City, State, Zip _____

Telephone number _____

Email address (please print) _____

Payment Method:

_____ Checking Account - attach voided check

_____ Savings Account - attach bank letter

_____ Credit Card

Name on the card _____
(as it appears on the credit card)

Billing Address _____

Credit Card number _____

Expiration date _____

Frequency of contribution:

_____ Weekly

_____ Every 2 weeks

_____ Monthly

_____ Quarterly

_____ Annually

Date of first contribution: _____

Contribution amount: \$ _____

I authorize The Episcopal Church of the Good Shepherd, 1100 Stockton St. Jacksonville, FL 32204 to debit my bank account/credit card in accordance with the information provided above. I understand this authorization will remain in effect until I provide 30 days written notification to terminate the authorization.

Signature on bank account/credit card

Date