

ELECTRONIC DONATION FORM

I (we) authorize Transfiguration Catholic Church & School to honor periodic withdrawals from my checking/savings/credit card. I (we) authorize, if necessary, Transfiguration to initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until I (we) notify Transfiguration in writing ten (10) banking business days prior to the next periodic withdrawal from my account.

NEW AUTHORIZATION CHANGE DONATION AMOUNT CHANGE CREDIT CARD or BANKING INFORMATION

Step 1 – Donor Information *(Print or Type Clearly)*

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____
Email Address _____

Step 2 – Donation Method *(Please check one)*

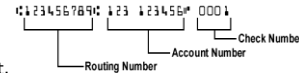
Option 1: I would like to donate from my Checking or Savings Account *(Please attach a voided check)*

Financial Institution _____

Account Type *(Please check one)* Checking Savings

Routing Number (9 digits)* _____

Account Number* _____



* The Routing Number and Account Number are located on the bottom of your check. See example to the right.

FREQUENCY: Donations from checking and savings accounts are processed monthly on the 20th day or the following business day if the 20th is a weekend or holiday.

Option 2: I would like to donate with a credit card

Name on Credit Card _____

Credit Card Type *(Please check one)* Visa MasterCard Discover

Credit Card Number _____

Expiration (MM/YY): _____ Security Code*: _____

* VISA, MASTERCARD & DISCOVER CARD USERS: Flip your card over and look at the signature box. You should see a 16-digit number followed by a special 3-digit code. This 3-digit code is the credit card Security Code.

Donation Day *(Please check one)* 1st Day of Month 15th Day of Month

Step 3 – Select Fund(s) and Amount(s) *(Fill-in all that apply)*

Regular Sunday Giving _____ This funds the general operation of the parish.
Building Fund/Capital Fund + _____ To reduce our building debt and fund future capital improvements.
TOTAL DONATION AMOUNT = _____ (Add amounts from lines above)

Step 4 – Signature

Transfiguration places a high value on the trust and confidence you as the Donor place in us and we consider your privacy our utmost concern. We do not disclose any nonpublic personal information about you to anyone, except as required by the law. We may disclose the information we collect to the financial institutions responsible for the withdrawal of funds from your account via Automated Clearing House (ACH). These companies will use the information only for the services for which we have specified, and are not permitted to use or share this information for any other purpose. AT NO TIME WILL WE RENT OR OTHERWISE MAKE AVAILABLE THE PUBLIC OR NONPUBLIC INFORMATION FOR ANY PURPOSE EXCEPT AS DESCRIBED IN THIS NOTICE. If you decide at some point to discontinue the services or become an inactive donor, we will continue to adhere to the privacy policy and practices described in this notice.

I certify that I am authorized to initiate this agreement and that I have read and understand the policies and fee contained herein.

X Signature _____ Date _____

Reminder:

For Checking Account Debit: Please attach your voided check. **For Savings Account Debit:** Please attach deposit slip.

Transfiguration Catholic Church & School
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