

Marcellus First Presbyterian Church

ELECTRONIC PAYMENTS AUTHORIZATION

_____ *New Donation* _____ *Change Donation*

I authorize Marcellus First Presbyterian Church to transfer funds from the account below in the amount and for the intervals as indicated. These will continue until I give written or verbal notice.

Please process a **one-time donation** to Marcellus First Presbyterian Church for the general fund in the amount of \$ _____

Please process a **one-time donation** to Marcellus First Presbyterian Church for the purpose of _____
In the amount of \$ _____

Please process a recurring donation to Marcellus First Presbyterian Church. Monthly until further notice \$ _____

- Please process my monthly offering on the _____ day of the month.

Please consider your Christmas and Easter contributions

Process Easter Sunday for an additional amount of \$ _____

Note: Easter will be processed on April 1, regardless of actual date of Easter

Process Christmas in the amount of \$ _____ (Processed on December 25th of each year)

I understand I am in full control of my donation. To make changes anytime, I will contact Marcellus First Presbyterian Church Office at , 1 E Main St, PO Box 147, Marcellus, NY 13108-0147 (315) 637-2201

Payment Information
Please complete Banking OR
Credit Card information

Account Type: Checking Savings Please attach voided check

Bank Routing Number: (9 Characters) _____

Account Number: _____

OR

Visa

MasterCard

Discover

Acct # _____

Exp Date: _____ **CVV#** _____ (3-digit code in signature strip)

Donor Information

Name on Card or Account: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Date: _____ **Signature:** _____

Completed forms should be placed in collection baskets, or returned to the church office at

1 E Main St, PO Box 147, Marcellus, NY 13108-0147