



St. Dunstan's
Episcopal Church

Come share the journey with us

Electronic Donation Authorization Form for 2025

I (we) hereby authorize **St. Dunstan's Episcopal Church** to initiate entries to my (our) checking/ savings, credit card accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

Pledger Name

Pledger Address

Same as the one you gave last year (in this case, do not fill out the bank/CC info)

PLEASE CALL ME or COME TO THE OFFICE TO SET THIS UP, IF YOU PREFER.

Banking:

Routing Number

Account Number

Name of Financial Institution

Address of Financial Institution (Branch, City, State, Zip)

Please circle the account type:

Checking

Savings

Credit Card

Credit Card: (Please select one)

Visa

Mastercard

Amex/Discover

Credit Card Number

____/____
Expiration Date

CCV Code

You have authorized us to debit **a total payment of \$** _____ **paid in 12 payments of this amount of \$** _____ **each month**, to be withdrawn/charged from your bank/credit card account reflected above. The effective date of your first payment will be a few days after we receive this form and will be followed by 11 payments on _____ (date) of each month.

Pledger Name (Please Print)

Pledger Signature

Date

If you need to notify us of your intent to cancel and/or revoke this authorization you must contact us 30 days before the questioned debit/charge is initiated. Please call 301.229.2960 or email us at admin@stdunstansbethesda.org.

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