



Saint Boniface Episcopal Church

Cindy Hannon, Business Manager

Please use this form (or stop in the office on week days) if you wish to make your donation or payment by charge card or automatic checking withdrawal

Name on Account _____

Billing Address _____

City _____ State _____ Zip _____

Type of transaction Donation Payment

One time check here

Re-occurring Payment : 1st business day of the month

1st Transaction Date _____ Last Transaction Date _____

Transaction Amount _____

Method of payment:

Mastercard Visa Discover

Credit Card # _____ 3 digit code on back of card _____

Expiration Date _____

ACH Withdrawal (attach Voided check)

Routing & Transit # _____ Account # _____

I authorize St Boniface Church to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date listed above.

Authorized Signature on my account _____

Date _____