

ELECTRONIC GIVING AUTHORIZATION FORM

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To have St. Victoria set up your electronic contributions, please fill out and return this form. If you prefer to manage your contributions online yourself, please visit www.stvictoria.org/give					
		ew authorization ange banking information		Envelope # (if known) ge donation amount	
Last Name				First Name	
Add	dress				
City	City			State Zip	
Em	ail				
FIR	ST DONATION DATE:/(mm/dd/yy)	FREQUENCY OF DONATION Weekly on Monday Monthly on the 1st Monthly on the 15th Once per year One Time		pay off our mortgage + fund major projects \$ (previously known as New Church/Debt Reduction)	
CHECKING / SAVINGS	Please debit payments from my (check one): □ Savings Account (contact your financial institution for Routing #) □ Checking Account (complete routing number & account →)			Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234557891: 123 12345561 0001 Check Number Routing Number	
	I authorize St. Victoria to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: Date:				
	Please charge my donation to (check one):	☐ Mas	asterCard	
SD.	Card Number:			Expiration Date:	
CREDIT / DEBIT CARD	☐ Optional: Give an additional 2.75% to help offset the credit card processing fee Name on Card: Billing Address (if different from above):				
CREDI	I authorize St. Victoria to process transactions in accordance with the information above. Signature (as it appears on the card): Date:				