

Iona-Hope Episcopal Church

2025

Authorization Agreement for Automatic Withdrawal of Funds (Credit Card and Automatic Check Withdrawal)

(This is not a pledge card, you must fill out a pledge card as well)

Effective Date of authorization:			Type of authorization: New authorization Change amount Change date Change banking information Discontinue electronic payment		
Full	Name		Env. #		
Address					
Date of first donation:/ Special Instructions:		Frequency of donation Monthly – on the15th Or whatever date you choose		Amounts: \$Or \$R \$B	ectors Disc.
CHECKING / SAVINGS	Please debit my donation from my (check one): O Checking Account (we can submit online via realm)		Routing Number		
CHECKING	I authorize Iona-Hope Episcopal Church 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:				
CREDIT CARD	Please charge my donation to my (check one): Visa MasterCard				
	Credit Card Number		Expiration Da	ate:	CVV
	Name on Card				
	Billing Zip Code (if different from above)				
	I authorize Iona-Hope to charge my credit card in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.				
	Authorized Signature:			Date:	

Return this form to: Iona-Hope Episcopal Church, 9650 Gladiolus Drive. Fort Myers, Florida, 33908. If you need help setting up an automatic payment online, please contact Marnie and she will do it for you.