



Iona-Hope Episcopal Church  
 Authorization Agreement for Automatic  
 Withdrawal of Funds

The Campaign for Iona-Hope

**Capital Campaign Fund (2017- 2020)**

Effective Date of authorization:  _____		Type of authorization: <input type="radio"/> New authorization <input type="radio"/> Change amount <input type="radio"/> Change date <input type="radio"/> Change banking information <input type="radio"/> Discontinue electronic payment	
Full Name		Env. #	
Address			
Date of first donation:  ____ / ____ / ____	Frequency of donation <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually		Total Pledge  \$ _____  Capital Campaign Fund  How Many Years <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/>
Special Instructions:			
<b>CHECKING</b>	Please debit my donation from my (check one):  <input type="radio"/> Checking Account (attach a voided check)		Routing Number _____  Account Number _____
	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: _____		
<b>CREDIT CARD</b>	Please charge my donation to my (check one):      _____ Visa      _____ MasterCard		
	Credit Card Number		Expiration Date:
	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: _____
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Return this form to: Iona-Hope Episcopal Church, 9650 Gladiolus Drive. Fort Myers, Florida, 33908