

E-PLEDGING

INDIVIDUAL AUTHORIZATION AGREEMENT

I authorize the Episcopal Diocese of New York to debit my checking account as indicated below

as a donation to the fo	llowing cong	regation in the Dioc	ese:		
Congregation to wh	ich I author	rize my donation:			
Name of Congregati	on				
Borough/City/Town					
How often I authori	ze my dona	tion:			
I would like my dona	ation to be n	nade on the follow	ing day(s) of t	he month:	
		on the 5 th	\$		
		on the 20 th	\$		
Your donation can by your gift can be the s					
Date I authorize the	electronic (donation to begin	:		
I understand that my a diocesan office in writ instructions to increase must give the diocesar	ing (by mail, e, decrease, c	fax or e-mail) and hange or discontinu	receive a writter e the electronic	confirmation of my debit. I understand that I	
Please	e attach a voi	ded check with pre	printed name ai	nd address.	
Print name	rint name Daytime phone				
Fax		Ema	Email address		
		Sign	ature		