

St. Peter's Episcopal Church
Automated/Recurring Tithing Form

As a convenience and to provide a means of consistent giving, this form will authorize St. Peter's Episcopal Church to automatically process your tithe giving as indicated.

Name(s) _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Envelope # (if you have one) _____

Scheduled Giving via Credit or Debit Card

Amount: \$ _____ Start Date: _____

Card (circle): Mastercard Visa American Express

Card Type: Credit Debit

Card Number: _____

Expiration Date: _____/_____/_____ Security Code: _____

Name on Card: _____

Frequency: Your card will be processed on the fifth workday of each month. If you want to give for a specific period of time please note the final month you would like a payment to be made:

month: _____ year: _____

Please Sign Below:

I authorize St. Peter's Episcopal Church to process my tithe giving as indicated above.

_____ Signature _____ Date

Please mail or drop off this form at the church office. The mailing address is:

St. Peter's Episcopal Church
Attn: Parish Administrator
PO Box 985
Washington, NC 27889