



Authorization for Automatic Payments

Saints Constantine & Helen Greek Orthodox Cathedral

30 Malvern Avenue, Richmond, VA 23221 * Tel: 804-355-3687 * Fax: 804-342-1947

Member Information (please print or type)

Member Env # _____

Name	
Address	
City	
State & Zip Code	
Telephone (home)	
Telephone (business)	
Telephone (other)	
E-Mail	

I (we) hereby authorize Sts. Constantine & Helen Greek Orthodox Cathedral to debit our account the total of \$_____ **monthly on the 10th, beginning the month of _____**
(A minimum of \$50 monthly is required), and be credited as follows:

Stewardship/Total Commitment \$ _____

Building Fund \$ _____

Endowment Fund \$ _____

Other/Specify \$ _____ for _____ Fund

I (we) request to make the contributions by Bank Draft/ACH (Please attach a voided check).

Routing number	
Account number	
Bank Name	
Account Type	Circle one: Checking Savings

I (we) request to make the contributions by Credit Card.

Credit card type	Circle one: VISA MasterCard
Credit card number	
Expiration date	
Security code	
Authorized signature	

Signature(s)	
Date	

This authorization will remain in full force and effect until Sts. Constantine & Helen has received written notification from us of its change or termination in such time and manner as to afford a reasonable opportunity to act on it.

Contact: Caroline Moses, Financial Secretary (caroline@vagocathedral.org) or by telephone at 804-355-3687