



# 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](mailto:caroline@vagocathedral.org)) or by telephone at 804-355-3687