

# Automatic Withdrawal / Charge Form

- This Automatic Withdrawal Form is used for authorizing The Cathedral of Christ the King in Atlanta, GA to withdraw donations directly from the donor's **bank and/or credit/debit card account** each month. Please complete all three sections.
- Donations are tax deductible. The Cathedral of Christ the King is a non-profit 501 (C) (3) educational organization with Tax ID 58-0644901.
- Please mail the completed form with a voided check to Stewardship Office, Cathedral of Christ the King, 2699 Peachtree Road NE, Atlanta, Georgia 30305-3689

## SECTION 1 : Designation of Gift

**Offertory** \$ \_\_\_\_\_ per week/month/quarter

Cathedral Fund Endowment (unrestricted) \$ \_\_\_\_\_ per week/month/quarter  
Cathedral Fund Endowment (restricted to: \_\_\_\_\_) \$ \_\_\_\_\_ per week/month/quarter  
Where most needed and/or emergency use \$ \_\_\_\_\_ per week/month/quarter

**TOTAL WITHDRAWAL** \$ \_\_\_\_\_ per week/month/quarter

Does your employer have a Matching Gift Program? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, please complete the appropriate matching gift form and mail to the Cathedral.

## Section 2: Authorization for Automatic Monthly Withdrawal / Charge

ACH Bank Withdrawal                      **AND/OR**                       Credit Card                       Debit

Type of account: \_\_\_\_ Checking    \_\_\_\_ Savings    \_\_\_\_ Other

**Attach a VOIDED check** (a check with VOID written on it) to avoid bank charges to the Cathedral.

Start Date: (mm/dd/yy) \_\_\_\_\_ Amount: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing # (9 Digits): \_\_\_\_\_

Account # (10 Digits): \_\_\_\_\_



Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry Date: (mm/yy) \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

## Section 3: Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Special Instructions (if any):** \_\_\_\_\_

I hereby authorize the Cathedral of Christ the King to initiate automatic withdrawal from my bank or credit/debit account each month. This authorization is to remain in effect until revoked by me in writing.

**Signature:** \_\_\_\_\_

CATHEDRAL of CHRIST THE KING

*Let the Father, Son, and Holy Spirit Live in You*

2699 Peachtree Road NE, Atlanta, Georgia 30305-3689

404-233-2145

[www.cathedralofchristtheking.org](http://www.cathedralofchristtheking.org)