

AUTHORIZATION FORM

St. Paul's Roman Catholic Church

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| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
| Effective date of authorization: ____/____/____ | | |
| Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Email Address | | Phone |
| DATE OF FIRST DONATION: ____/____/____ | FREQUENCY OF DONATION: <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Annually on ____/____/____ <input type="checkbox"/> One time donation on ____/____/____ | FUNDS: <input type="checkbox"/> Ordinary Offertory \$ _____ <input type="checkbox"/> Catholic Courier \$ _____ (to defray the cost of the Courier) <input type="checkbox"/> Pastor's Discretionary \$ _____ (pastor determines where needed most) <input type="checkbox"/> _____ \$ _____ <div style="text-align: right;">Total \$ _____</div> |
| ANNUAL HOLY DAY CONTRIBUTIONS <input type="checkbox"/> Easter offering \$ _____ Transferred annually on April 1 <input type="checkbox"/> Christmas offering \$ _____ Transferred annually on December 20 | | |
| CHECKING / SAVINGS | Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ |
| | I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | |
| Authorized Signature: _____ | | Date: _____ |
| CREDIT / DEBIT CARD | Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card | |
| | Card Number: _____ | Expiration Date: _____ |
| | Name on Card: _____ | |
| | Billing Address (if different from above): _____ | |
| | I authorize the above organization to process transactions in accordance with the information above. | |
| Signature (as it appears on the card): _____ | | Date: _____ |

If using a checking account, please attach a voided check over the credit/debit card section above.