

AUTHORIZATION FORM

ST MARY CATHOLIC CHURCH (ELLINGER/HOSTYN HILL)

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														
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> ONE TIME	<table style="width:100%;"> <tr> <td>FUNDS:</td> <td>AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> Offertory/Collection</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Cemetery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Faith Formation (Rel Ed)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> Offertory/Collection	\$ _____	<input type="checkbox"/> Cemetery	\$ _____	<input type="checkbox"/> Faith Formation (Rel Ed)	\$ _____	<input type="checkbox"/> _____	\$ _____	Total	\$ _____
FUNDS:	AMOUNTS:													
<input type="checkbox"/> Offertory/Collection	\$ _____													
<input type="checkbox"/> Cemetery	\$ _____													
<input type="checkbox"/> Faith Formation (Rel Ed)	\$ _____													
<input type="checkbox"/> _____	\$ _____													
Total	\$ _____													
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.