

ConnectNow | Giving

PAYMENT AUTHORIZATION FORM

Church Name	Envelope#
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
(Required) Email Address:	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i>	
<input type="checkbox"/> Change Indicated Below	
<input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Contribution Schedule				
Fund	Payment Schedule	Amount	Payment Start Date	
Offertory	<input type="checkbox"/> Monthly (1 st of the month) <input type="checkbox"/> Weekly (Every Sunday) <input type="checkbox"/> Monthly (16 th of the month) <input type="checkbox"/> Bi-weekly (Every Other Sunday) <input type="checkbox"/> Twice per Month (1 st & 16 th) <input type="checkbox"/> One Time <input type="checkbox"/> Twice per Month (5 th & 20 th)	\$		
	<input type="checkbox"/> Monthly (1 st of the month) <input type="checkbox"/> Weekly (Every Sunday) <input type="checkbox"/> Monthly (16 th of the month) <input type="checkbox"/> Bi-weekly (Every Other Sunday) <input type="checkbox"/> Twice per Month (1 st & 16 th) <input type="checkbox"/> One Time <input type="checkbox"/> Twice per Month (5 th & 20 th)	\$		
	<input type="checkbox"/> Monthly (1 st of the month) <input type="checkbox"/> Weekly (Every Sunday) <input type="checkbox"/> Monthly (16 th of the month) <input type="checkbox"/> Bi-weekly (Every Other Sunday) <input type="checkbox"/> Twice per Month (1 st & 16 th) <input type="checkbox"/> One Time <input type="checkbox"/> Twice per Month (5 th & 20 th)	\$		
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I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

Please print clearly – Return in weekly collection basket or to the rectory office for processing

Account Information		
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>		
Bank Account Information	Credit Card Information	
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other (provide type below) _____
Account Type <input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attach deposit slip)		
Routing Number	Credit Card #	
Account Number	Credit Card Expiration Date	
Authorization Effective Date / /	Authorization Effective Date / /	