



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)	\$	

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