

**PARISHSOFT LLC
PAYMENT AUTHORIZATION FORM**

Church Name OUR LADY OF SORROWS CHURCH	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information <i>(Provide information below for one account only.)</i>	
Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date / /	

For checking or savings account debits, please attach your voided check or savings deposit slip.

Contribution Schedule			
Fund Type	Payment Schedule	Amount	Collection Date <small><i>(Date for withdrawal from your account)</i></small>
<i>Sunday Offering</i>	Monthly	\$_____.00	5 th of the Month
<i>Building Pledge</i>	Monthly	\$_____.00	5 th of the Month

I authorize Our Lady of Sorrows 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 **\$ 25.00** non-sufficient funds (NSF) fee charged to my account for NSF debits. I would like the electronic transfer to begin in the month of_____.

Authorized account signature:_____ Date:_____

Your form should be received prior to the end of the month in order for payment to begin on the 5th of the following month.