

# AUTHORIZATION FORM

Name of the organization: ST. MARY CHURCH

FOR OFFICE USE ONLY: SUBMITTED BY _____	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 _____		Area Code/Phone # _____
DATE OF FIRST DONATION: ____/____/____ (MM/DD/YEAR)	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly _____ (Day) <input type="checkbox"/> Bi-Weekly _____ (Day) <input type="checkbox"/> Monthly on the _____ (Date) <input type="checkbox"/> One Time _____ (Date) <input type="checkbox"/> Other _____	FUNDS: <input type="checkbox"/> Sunday Collections \$ _____ <input type="checkbox"/> Parish Center/Capital Campaign \$ _____ <input type="checkbox"/> Other _____ \$ _____  Total from above \$ _____  <input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees  Grand total \$ _____
<b>CHECKING / SAVINGS</b>	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: _____ ⑆123456789⑆ 123 123456⑆ 0001 <small>Routing Number      Account Number      Check Number</small>
	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: _____
<b>CREDIT / DEBIT CARD</b>	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.*