

ST JOHN THE BAPTIST PARISH
Authorization Agreement for Credit Card Payments

X NEW REQUEST RMF _____ CHANGE

I(We) hereby authorize St. John the Baptist Parish to debit my credit card for the following amount.

AMOUNT \$ _____ (May be left blank) PLUS \$5.00 PROCESSING FEE

METHOD OF PAYMENT:

VISA MASTERCARD DISCOVER

Account No. _____ Exp. Date _____

Signature _____ Date _____

FOR SUNDAY COLLECTION ONLY:

I/(We) authorize the parish to debit the above-indicated credit card account on the following Monday(s) of each month. (If Monday is a Federal holiday, the credit transaction will then be processed on Tuesday.)

Choose One Option:

_____ WEEKLY _____ SEMI-MONTHLY (Choose 2 Mondays in the month.)
_____ MONTHLY (Choose 1 Monday in the month.) _____ ONE TIME TRANSACTION
_____ 1st MONDAY _____ 2nd MONDAY _____ 3rd MONDAY _____ 4th MONDAY

This authorization is to remain in full force and effect until the Parish Accountant has received written notification from me (or either of us) of its termination in such manner as to afford the parish and depository bank a reasonable opportunity to act upon the request.

OTHER TRANSACTIONS: (Refer to amount listed above.)

_____ SCHOOL FEES _____ ADULT EDUCATION
_____ X RELIGIOUS EDUCATION FEES _____ AFTER SCHOOL PROGRAM
_____ YOUTH MINISTRY ACTIVITIES _____ OTHER

Please provide explanation of payment:

