

AUTHORIZATION FORM

Church of the Holy Spirit, East Greenbush, NY 12061

FOR OFFICE USE ONLY		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 banking information				
<input type="checkbox"/> Discontinue electronic donation				
<input type="checkbox"/> Change donation date				
Last Name		First Name		
Address				
City		State	Zip	
Email Address				
DATE OF FIRST DONATION:		FREQUENCY OF DONATION:		AMOUNTS:
____/____/____		<input type="checkbox"/> Weekly -- Mondays		\$ _____
		<input type="checkbox"/> Monthly on the 3 RD		\$ _____
		<input type="checkbox"/> Monthly on the 17 th		\$ _____
		OFFERTORY TYPE:		Total \$ _____
		<input type="checkbox"/> Regular Offertory		
		<input type="checkbox"/> Holy Spirit Building Fund		
EASTER AND CHRISTMAS				
<input type="checkbox"/> Easter \$ _____				
<input type="checkbox"/> Easter Flowers \$ _____				
<input type="checkbox"/> Christmas \$ _____				
<input type="checkbox"/> Christmas Flowers \$ _____				
HOLY DAYS:				
<input type="checkbox"/> Solemnity of Mary \$ _____				
<input type="checkbox"/> Ascension \$ _____				
<input type="checkbox"/> Assumption \$ _____				
<input type="checkbox"/> All Saint's Day \$ _____				
<input type="checkbox"/> All Souls Day \$ _____				
<input type="checkbox"/> Immaculate Conception \$ _____				
SPECIAL OFFERTORY:				
<input type="checkbox"/> Fuel \$ _____				
<input type="checkbox"/> Holy Spirit School Tuition \$ _____				
<input type="checkbox"/> Assistance \$ _____				
<input type="checkbox"/> Evangelist \$ _____				
DIOCESAN COLLECTION:				
<input type="checkbox"/> Black/Native/Latin America \$ _____				
<input type="checkbox"/> Catholic Relief Services \$ _____				
<input type="checkbox"/> Holy Land \$ _____				
<input type="checkbox"/> Eastern European Collection \$ _____				
<input type="checkbox"/> Catholic Communications \$ _____				
<input type="checkbox"/> Holy Father (Peter's Pence) \$ _____				
<input type="checkbox"/> Catholic Home Missions \$ _____				
<input type="checkbox"/> Catholic University \$ _____				
<input type="checkbox"/> Propagation of Faith \$ _____				
<input type="checkbox"/> Campaign for Human Development \$ _____				
ANNUALLY ON:				
March _____ 3 Rd _____ 17 th				
March _____ 3 Rd _____ 17 th				
December _____ 3 Rd _____ 17 th				
December _____ 3 Rd _____ 17 th				
January _____ 3 Rd _____ 17 th				
April _____ 3 Rd _____ 17 th				
August _____ 3 Rd _____ 17 th				
November _____ 3 Rd _____ 17 th				
November _____ 3 Rd _____ 17 th				
December _____ 3 Rd _____ 17 th				
December _____ 3 Rd _____ 17 th				
January _____ 3 Rd _____ 17 th				
January _____ 3 Rd _____ 17 th				
February _____ 3 Rd _____ 17 th				
February _____ 3 Rd _____ 17 th				
March _____ 3 Rd _____ 17 th				
April _____ 3 Rd _____ 17 th				
May _____ 3 Rd _____ 17 th				
June _____ 3 Rd _____ 17 th				
July _____ 3 Rd _____ 17 th				
August _____ 3 Rd _____ 17 th				
September _____ 3 Rd _____ 17 th				
October _____ 3 Rd _____ 17 th				
November _____ 3 Rd _____ 17 th				

CHECKING / SAVINGS	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: _____ <div style="font-family: monospace; font-size: 0.8em;"> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 * 0 0 0 ⑆ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Routing Number Account Number Check Number </div> </div>
	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: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Card Number: _____</div> <div style="width: 35%;">Expiration Date: _____</div> </div> <hr/> Name on Card: _____ <hr/> Billing Address (if different from above): _____ <hr/> 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.