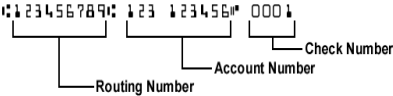


# AUTHORIZATION FORM FOR AUTO DONATIONS

Select church:      **Church of St. Mary**                      **Church of St. Edward**                      **Church of St. Francis**

Parishioner envelope #:		DATE
Effective date of authorization: ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
<b>Payment Frequency:</b> <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____		
Date of one time payment: ____/____/____		
Amount : \$ _____		
Date of first payment: ____/____/____    Amount of recurring payment: \$ _____		
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	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>	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		

*If using a checking account, please attach a voided check over the credit card section.  
 If using a savings account, please obtain a printout from your bank with your information.*

**Please return this form and banking information to the office.**