AUTHORIZATION FORM

St. Peter's Parish



FOR OFFICE USE ONLY		ENVELOPE #		DATE
Effective date of authorization:// Type of authorization: New authorization				
Last Name			Fi	irst Name
Address				
City				State Zip
Email Address				
DATE OF FIRST DONATION:		FREQUENCY OF Tithe: ☐ Weekly – Mondays ☐ Semi-Monthly – 1 st and 15 th ☐ Monthly on the 1 st ☐ Monthly on the 15 th		FUNDS: Tithing Contributions Aged, Sick & Poor Other Total AMOUNTS: \$ \$
ANNUAL CONTRIBUTIONS Easter offering				
CHECKING / SAVINGS	Please debit my donation from Savings Account (contact Checking Account (attach	t your financial institution for Routing #	*)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1:1234.567891: 123 1234.561 000 1 Check Number Routing Number
	reasonable notification to term	ation to process debit entries to my accininate the authorization.		I understand that this authority will remain in effect until I provide Date:
CREDIT / DEBIT CARD	Card Brand (check one):	☐ Visa ☐ MasterCard	C	☐ American Express ☐ 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	e card):		Date: