AUTHORIZATION FORM

Name of the organization: __St. Francis De Sales Church_____ES9376_____

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
_____/_____/_____	❑ Weekly – Mondays	❑ **Sunday Collection**	$_____
	❑ Monthly on the 1st	❑ **Holy Day Collection**	$_____
	❑ Monthly on the 15th	❑ **Maintenance Fund Collection**	$_____
	❑ **Semi-Monthly 1 st and 15th**	❑ **SFDS Catholic School**	$_____
		❑ **St. Vincent de Sales**	$_____
		❑ **Second Collection**	$_____
		❑ **Capital Campaign**	$_____
		❑ **Memorial Tribute**	$_____
		Total from above	$_____

CHECKING / SAVINGS

Please debit my donation from my (check one):
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ 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
Routing Number — Account Number — Check 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:_____

CREDIT / DEBIT CARD

Card Brand (check one): ❑ Visa ❑ MasterCard ❑ 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 card): _____ Date: _____

If using a checking account, please attach a voided check over the credit/debit card section above.