

# Electronic Contribution Payment Authorization Form

ver. 3/2004

|   |                          |
|---|--------------------------|
| Church Name <b>St. John the Evangelist Church</b> |                          |
| Name on Account (Print)                           | Account Holder's Phone # |
| Address   |                          |
| City, State, Zip                                  |                          |

I authorize the following:

New Payment from account specified below  
*(Choose either bank or credit card. One account only, please.)*

Change Indicated below

Discontinue Electronic Funds Transfer from account/fund specified below.

| <b>Account Information</b>   |   |
|--|---|
| <i>(Choose either bank or credit card. Provide information below for <b>one</b> account only.)</i>   |   |
| Bank Information   | OR  |
| Credit Card Information  |   |
| Bank Name  | Credit Card Type  |
| Account Type <input type="checkbox"/> Checking <i>(Attach voided check)</i><br><input type="checkbox"/> Savings <i>(Attach deposit slip)</i> | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |
|  | Note: We can only accept Visa or MasterCard at this time.         |
| Routing Number   | Credit Card #   |
| Account Number   | Credit Card Expiration Date                                       |
| Authorization Effective Date   |   |

| <b>Contribution Schedule</b> |  |        |                    |  |
|------------------------------|--|--------|--------------------|--|
| Fund Type                    | Payment Schedule   | Amount | Payment Start Date | Collection Date  |
| <b>Offertory</b>             | <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | \$     |                    | <input type="checkbox"/> 1st <input type="checkbox"/> 15th |
| <b>Parish 2nd</b>            | <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | \$     |                    | <input type="checkbox"/> 1st <input type="checkbox"/> 15th |
| <b>Diocesan 2nd</b>          | <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | \$     |                    | <input type="checkbox"/> 1st <input type="checkbox"/> 15th |
|                              | <input type="checkbox"/> <input type="checkbox"/> Monthly              | \$     |                    | <input type="checkbox"/> 1st <input type="checkbox"/> 15th |
|                              | <input type="checkbox"/> <input type="checkbox"/> Monthly              | \$     |                    | <input type="checkbox"/> 1st <input type="checkbox"/> 15th |
|                              | <input type="checkbox"/> <input type="checkbox"/> Monthly              | \$     |                    | <input type="checkbox"/> 1st <input type="checkbox"/> 15th |

I authorize St. John the Evangelist Church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a **\$5.00** nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please attach your voided check or savings deposit slip.*