

AUTHORIZATION FORM

Shepherd of the Valley Catholic Church

ES16171-01

| | | |
|---------------------|------------------|------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---------------------|------------------|------|

Effective date of authorization: _____

Type of Authorization Form:

| | |
|--|---|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change banking information |
| <input type="checkbox"/> Change payment amount | <input type="checkbox"/> Discontinue electronic payment |
| <input type="checkbox"/> Change payment date | |

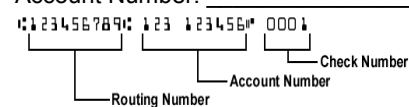
| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Email Address

| | | |
|---|---|------------------------------------|
| DATE OF FIRST PAYMENT: ____/____/____ | FREQUENCY OF PAYMENT: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 ^s <input type="checkbox"/> One-time | PAYMENT AMOUNT: \$ _____ |
|---|---|------------------------------------|

| | | |
|---|--|---|
| CHECKING / SAVINGS | <p>Please debit my payment from my (check one):</p> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | <p>Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <div style="font-size: small; text-align: center;">  <p>Routing Number Account Number Check Number</p> </div> |
| <p>I authorize the above church 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.</p> <p>Authorized Signature: _____ Date: _____</p> | | |

| | | | |
|---|---|---------------------|------------------|
| CREDIT CARD | <p>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</p> | | |
| <table style="width:100%;"> <tr> <td style="width:60%;">Credit Card Number:</td> <td>Expiration Date:</td> </tr> </table> | | Credit Card Number: | Expiration Date: |
| Credit Card Number: | Expiration Date: | | |
| Name on Card: | | | |
| Billing Address (if different from above): | | | |
| <p>I authorize the above church to charge my credit card in accordance with the information above.</p> <p>Signature (as it appears on the credit card): _____ Date: _____</p> | | | |