ST JOHN THE BAPTIST CATHOLIC CHURCH ELECTRONIC FUND TRANSFER PAYMENT AUTHORIZATION FORM

Bank Name Credit Card Type	Parishioner Name (Print)			Parishioner Phone #			
Authorize the following:	Address						
Change Indicated Below Discontinue Electronic Funds Transfer	City, State, and 2	Zip					
Choose either Bank or Credit Card. Provide information below for one Bank Account Information	authorize the fo	_	Change Indica	ted Below			
Choose either Bank or Credit Card. Provide information below for one Bank Account Information			Accou	nt Information			
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Account				Credit Card Information			
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remain in effect until I give reasonable change or cancellation notice to terminate autho							