

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

Parishioner Name (Print)	Parishioner Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Electronic Funds Transfer from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer	

Account Information (Choose either Bank or Credit Card. Provide information below for one account only.)	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip)	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date / /
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule			
Fund Type	Payment Schedule	\$ Amount	Payment Start Date
Sunday Offering	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		
Easter	<input type="checkbox"/> Extra One Time Donation @ date of Holy Day		
Christmas	<input type="checkbox"/> Extra One Time Donation @ date of Holy Day		
Capital Campaign	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		
Repair & Maintenance	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		
Parish Ministries	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		
Youth Ministries	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		
Caring Friends	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		
St Vincent de Paul	<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-annually (2 x year) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time		

I authorize the above-named 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.

Authorized account signature: _____ Date: _____