

# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Name of the organization: ST. MAURICE CHURCH

FOR OFFICE USE ONLY		ENVELOPE/DONOR #			DATE	
Effective date of authorization:						
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation						
Last Name			First Name			
Address						
City					State	Zip
Email Address						
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>		FUNDS: <input type="checkbox"/> Weekly Offertory <input type="checkbox"/> Monthly Maintenance <input type="checkbox"/> _____		AMOUNTS: \$ _____ \$ _____ \$ _____
<b>ANNUAL CONTRIBUTIONS/HOLY DAYS OF OBLIGATION</b>						
<input type="checkbox"/> <b>Christmas</b> \$ _____                      Date to be transferred <u>12</u> / <u>25</u> / <u>each</u> <input type="checkbox"/> <b>Mary Mother of God</b> \$ _____                      Date to be transferred <u>01</u> / <u>01</u> / <u>each</u> <input type="checkbox"/> <b>Ascension</b> \$ _____                      Date to be transferred <u>05</u> / <u>15</u> / <u>each</u> <input type="checkbox"/> <b>Assumption</b> \$ _____                      Date to be transferred <u>08</u> / <u>15</u> / <u>each</u> <input type="checkbox"/> <b>All Saints</b> \$ _____                      Date to be transferred <u>11</u> / <u>01</u> / <u>each</u> <input type="checkbox"/> <b>Immaculate Conception</b> \$ _____                      Date to be transferred <u>12</u> / <u>08</u> / <u>each</u> <input type="checkbox"/> <b>Annual Catholic Appeal</b> \$ _____                      Date to be transferred <u>04</u> / <u>15</u> / <u>each</u>						
CHECKING / SAVINGS	Please debit my donation from my (check one):			Routing Number: _____		
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)			<b>Valid Routing # must start with 0, 1, 2, or 3</b>		
	<input type="checkbox"/> Checking Account <b>(Please attach a voided check below.)</b>			Account Number: _____ <p style="font-size: small; margin: 0;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> </p> <p style="font-size: small; margin: 0;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></span>    <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>    <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>    <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> </p> <p style="font-size: x-small; margin: 0;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></span>    <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>    <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>    <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> </p> <p style="font-size: x-small; margin: 0;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> </p> <p style="font-size: x-small; margin: 0;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> </p> <p style="font-size: x-small; margin: 0;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span>                      <span style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></span> </p>		
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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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: _____					