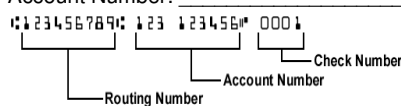


EFT AUTHORIZATION FORM

Name of the organization: Jesus the Divine Word Catholic 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 st <input type="checkbox"/> Monthly on the 15 th	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FUNDS:</td> <td style="width:50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> Offertory</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Roof Fund</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Archdiocese Special Collections</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total from above \$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> Offertory	\$ _____	<input type="checkbox"/> Roof Fund	\$ _____	<input type="checkbox"/> Archdiocese Special Collections	\$ _____	Total from above \$ _____	
FUNDS:	AMOUNTS:											
<input type="checkbox"/> Offertory	\$ _____											
<input type="checkbox"/> Roof Fund	\$ _____											
<input type="checkbox"/> Archdiocese Special Collections	\$ _____											
Total from above \$ _____												
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 										
	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: _____											

If using a checking account, please attach a voided check over the credit/debit card section above.

Please complete and return to Parish Office, Attn: Parish Accountant.