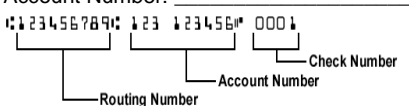


# AUTHORIZATION FORM

## ST JOHN THE BAPTIST CATHOLIC CHURCH, FAYETTEVILLE

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>												
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <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														
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> ONE TIME	<table style="width:100%; border:none;"> <tr> <td style="width:50%;"><b>FUNDS:</b></td> <td style="width:50%;"><b>AMOUNTS:</b></td> </tr> <tr> <td><input type="checkbox"/> Offertory/Collection</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Cemetery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Faith Formation (Rel Ed)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align:right;"><b>Total</b></td> <td><b>\$ _____</b></td> </tr> </table>	<b>FUNDS:</b>	<b>AMOUNTS:</b>	<input type="checkbox"/> Offertory/Collection	\$ _____	<input type="checkbox"/> Cemetery	\$ _____	<input type="checkbox"/> Faith Formation (Rel Ed)	\$ _____	<input type="checkbox"/> _____	\$ _____	<b>Total</b>	<b>\$ _____</b>
<b>FUNDS:</b>	<b>AMOUNTS:</b>													
<input type="checkbox"/> Offertory/Collection	\$ _____													
<input type="checkbox"/> Cemetery	\$ _____													
<input type="checkbox"/> Faith Formation (Rel Ed)	\$ _____													
<input type="checkbox"/> _____	\$ _____													
<b>Total</b>	<b>\$ _____</b>													
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="font-size: small; margin-top: 5px;">  <p>             1234567890 123 1234567 0001              Routing Number                      Account Number                      Check Number           </p> </div>												
	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: _____													
<b>CREDIT / DEBIT CARD</b>	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.***