Authorization ForM

**Blessed Sacrament Church**

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY** | **ENVELOPE/DONOR #** | **DATE** |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Type of authorization:**  | * New authorization
 | * Change donation amount
 | * Change donation date
 |
|  | * Change banking information
 | * Discontinue electronic donation
 |  |
| Last Name | First Name |
| Address |
| City | State | Zip |
| Email Address |
| **DATE OF FIRST DONATION:**\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | **FREQUENCY OF DONATION:*** Monthly on the 1st
* Monthly on the 10th
* Monthly on the 20th
 | **FUNDS:*** Sunday Offering
* General Maintenance Acct.
* New Facilities Fund
* St. Vincent de Paul Society
* New Facilities Phase 2

**Total** | **AMOUNTS:**$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_**$\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | Please debit my donation from my (check one):* Savings Account (contact your financial institution for Routing #)
* Checking Account (attach a voided check below)
 | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_chk_inf1 |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***If using a checking account, please attach a voided check at the bottom of this page.***