

HOLY FAMILY PARISH PAYMENT AUTHORIZATION FORM

Church, School, or Diocese Name	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Do you wish to continue to receive envelopes Y__ N__ Env. #_____

Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date / /	

Contribution Schedule					
Fund Type <i>(e.g., Sunday Offering, DSA Pledge, etc.)</i>	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose date for withdrawal from your account))</i>	Down Payment <i>(if applicable)</i>
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th	\$

I authorize the above-named church or school 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. I understand there will be a \$10 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.