

# ST. MICHAEL PARISH EFT AUTHORIZATION FORM

Effective date of authorization: \_\_\_\_\_

Type of Authorization:  New Authorization  Change banking information  
 Change donation amount  
 Change donation date

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Date of first payment: \_\_\_\_\_

FREQUENCY OF DONATION: (check one)

- Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>  
 Monthly on the 1<sup>st</sup>  
 Monthly on the 15<sup>th</sup>  
 Please call me for instructions

FUNDS AND AMOUNTS:

- Sunday Offering \$ \_\_\_\_\_  
 Pledge Payment \$ \_\_\_\_\_  
 School Tuition \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

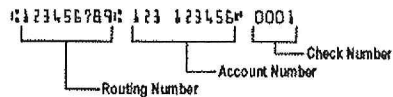
CHECKING / SAVINGS

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: \_\_\_\_\_



I authorize St. Michael Church 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 CARD

Please charge my donation to my (check one):  Visa  MasterCard  American Express  Discover Card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I authorize St. Michael Church to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): \_\_\_\_\_

Date: \_\_\_\_\_