

AUTHORIZATION FORM

St. Boniface Catholic Church

ES 13521

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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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
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Regular Contribution <input type="checkbox"/> Building <input type="checkbox"/> Angel Fund <input type="checkbox"/> St Vincent de Paul <input type="checkbox"/> Fr McGivney Angel Fund <input type="checkbox"/> CCIF (Repairs & Improvements)	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <div style="text-align: right;">Total</div>
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ANNUAL (one-time) CONTRIBUTIONS

<input type="checkbox"/> Jan 10 Catholic Times \$ _____	<input type="checkbox"/> April 25 Easter Flowers \$ _____
<input type="checkbox"/> Jan 24 Church in Latin America \$ _____	<input type="checkbox"/> April 24 Catholic Home Mission \$ _____
<input type="checkbox"/> March 5 Church in Central/Eastern America \$ _____	<input type="checkbox"/> May 16 Catholic Communication \$ _____
<input type="checkbox"/> March 7 Rice Bowl \$ _____	<input type="checkbox"/> June 6 Retired Diocesan Priests \$ _____
<input type="checkbox"/> March 14 Catholic Charities \$ _____	<input type="checkbox"/> June 27 Peter's Pence \$ _____
<input type="checkbox"/> March 28 Catholic Relief \$ _____	<input type="checkbox"/> October 17 World Mission Sunday \$ _____
<input type="checkbox"/> April 18 Good Friday \$ _____	<input type="checkbox"/> November 21 Campaign for Justice & Hope \$ _____
<input type="checkbox"/> April 16 Seminarians \$ _____	<input type="checkbox"/> November 27 Thanksgiving \$ _____
	<input type="checkbox"/> December 12 Retirement Fund for Religious \$ _____
	<input type="checkbox"/> December 24 Christmas Flowers \$ _____
	<input type="checkbox"/> December 25 Catholic Children's Home \$ _____

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) <input type="checkbox"/> Credit Card (enter Credit Card information on back of form)	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.