

AUTHORIZATION FORM for ELECTRONIC GIVING

Name of the organization: St. Paul The Apostle Catholic Church

FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE		
Effective date of authorization: ____/____/____						
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation						
Last Name			First Name			
Address						
City				State	Zip	
Email Address						
DATE OF FIRST DONATION: ____/____/____		FREQUENCY OF DONATION: Twice a month.		FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Maintenance \$ _____ <input type="checkbox"/> School \$ _____		
				Total from above \$ _____		
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)			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					
	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.

Mail completed form to
 Electronic Giving
 St. Paul the Apostle Catholic Church
 1425 E. Shelby Dr., Ste. 2
 Memphis, TN 38116