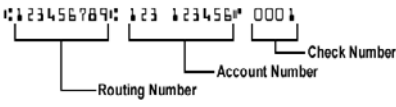


AUTHORIZATION FORM

St. John the Baptist Catholic Parish

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date <input type="checkbox"/> SJB change process		
Last Name		First Name
Email Address		
Address		
City		State
		Zip
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	FUNDS AND AMOUNTS: <input type="checkbox"/> Sunday Giving \$ _____ <input type="checkbox"/> Capital \$ _____ Total \$ _____
ANNUAL CONTRIBUTIONS: <input type="checkbox"/> Easter Offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Thanksgiving Offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas Offering \$ _____ Date to be transferred ____/____/____		
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 (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2 or 3 (9 digits) Account Number: _____ 
	I authorize the above church and ParishSOFT Giving 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	
	Credit Card Number:	Expiration Date:
	Name on Card:	CCV # (3 Digits on back):
	Billing Address (if different from above):	
	I authorize the above church and ParishSOFT Giving to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

Please attach voided check over credit card section above if using checking account.

PS 2020