AUTHORIZATION FORM

Corpus Christi Catholic Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

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	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
- ❑ Semi-monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

FUNDS:	AMOUNTS:
❑ Sunday Offering	$_____
❑ Building Maintenance	$_____
❑ Flowers/Art & Environment	$_____
❑ Renovation Debt Reduction	**$_____**
Total from above	**$_____**

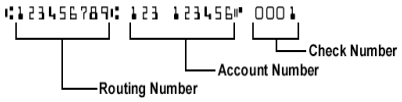
CHECKING / SAVINGS

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 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

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

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.