



# SAINTS SIMON & JUDE

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## AUTHORIZATION FORM

Church name: SAINTS SIMON AND JUDE	
Name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution(s): <input type="checkbox"/> Sunday Offering      \$ _____	Date of first contribution: ___/___/___  Frequency of contribution (check one): <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>

<b>CHECKING / SAVINGS</b>	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one): <input type="checkbox"/> Checking account—attach voided check <input type="checkbox"/> Savings account—attach voided deposit slip	
Routing #:	Account #:
<i>Valid routing # must start with 0,1,2 or 3</i>	
I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	

<b>CREDIT / DEBIT CARD</b>	<i>Complete this section if using your credit or debit card</i>
Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #:	Expiration Date:
Name on card:	
Billing Address (if different from above):	
I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	