

# IMMACULATE HEART OF MARY CATHOLIC CHURCH

## AUTHORIZATION FOR RECURRING GIFTS

For your convenience, Immaculate Heart of Mary Church has available Electronic Funds Transfer (EFT). If you would like to send your gifts in this manner, please fill out the form below. Please return in the offertory collection, or to IHM Church, 1220 Tioga Road, Ball, LA 71405.

**Please print carefully**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number associated with your account: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Conscious that regular and timely gifts are the backbone of my church family's financial support, I authorize the following recurring gifts from my account for the:

My WEEKLY Gift: \$ \_\_\_\_\_  Regular Collection  
My Gift every 2 WEEKS: \$ \_\_\_\_\_

My MONTHLY Gift: \$ \_\_\_\_\_ (on the 1<sup>st</sup> or 10<sup>th</sup> or 15<sup>th</sup> or 20<sup>th</sup> (circle one) of each month)

My MONTHLY Gift: \$ \_\_\_\_\_  Improvement Fund  
(on the 1<sup>st</sup> or 10<sup>th</sup> or 15<sup>th</sup> or 20<sup>th</sup> (circle one) of each month)

**Option 1:** Please charge my  credit card or  debit card:

Discover  MasterCard  Visa

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ Zip code where statement is mailed: \_\_\_\_\_

Name **EXACTLY** as it appears on Credit card: \_\_\_\_\_

**Option 2:** Please have my bank transfer my gift from my account:

Checking (attach **voided** check)  Savings (attach **savings deposit** slip)

I authorize Immaculate Heart of Mary Church to process entries from my checking, savings, or credit card as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization:

\_\_\_\_\_  
Authorized signature on account

\_\_\_\_\_  
Starting date for gift

*If you have any questions, please call the church office, 318-640-9446.*