

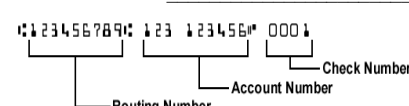
EFT AUTHORIZATION FORM

DATE: _____

Name of the organization: Jesus the Divine Word Catholic Church

Effective date of authorization: ____/____/____	<input type="checkbox"/> New authorization	<input type="checkbox"/> Discontinue donation
	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change donation date
Type of authorization:	<input type="checkbox"/> Change donation amount	
Last Name		First Name
Address		
City		
Email address		
Phone contact		

DATE OF FIRST DONATION: ____/____/____	FUNDS:	AMOUNT: \$ _____	ARCHDIOCESAN SPECIAL COLLECTIONS (cont):	AMOUNT: \$ _____
	<input type="checkbox"/> Offertory		<input type="checkbox"/> Holy Land Collection 4/19/19	
FREQUENCY OF DONATION:	<input type="checkbox"/> Maintenance	\$ _____	<input type="checkbox"/> Catholic Relief Services 5/12/19	\$ _____
<input type="checkbox"/> Weekly	ARCHDIOCESAN SPECIAL COLLECTIONS:		<input type="checkbox"/> Catholic Communications & Human Development 8/4/19	\$ _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> Priests of the Archdiocese Retirement Fund 11/4/18	\$ _____	<input type="checkbox"/> Catholic University of America 9/8/19	\$ _____
	<input type="checkbox"/> Retirement for Religious 12/9/18	\$ _____	<input type="checkbox"/> World Mission Propagation of the Faith 10/13/19	\$ _____
	<input type="checkbox"/> Church Missions U.S. 1/13/19	\$ _____	<input type="checkbox"/> Priests of the Archdiocese Retirement Fund 11/3/19	\$ _____
	<input type="checkbox"/> Church in the Developing World 3/17/19	\$ _____	<input type="checkbox"/> Retirement for Religious 12/8/19	\$ _____

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. Authorized Signature: _____ Date: _____	I understand that this authority will remain in effect until I provide REASONABLE NOTIFICATION TO TERMINATE THE AUTHORIZATION

CREDIT/DEBIT	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Card Number: _____
	Name on Card: _____ Expiration Date: _____
	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.

Please complete and return to Parish Office, ATTN: BOOKKEEPER or email to Marcy Chaney at: fnance@jesusdivineword.org