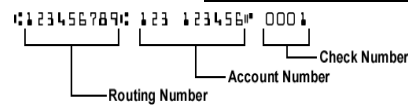


# AUTHORIZATION FORM

Organization Name: Saint Joseph Parish Avon Lake

<b>FOR OFFICE USE ONLY</b>	<b>CUSTOMER #</b>	<b>DATE</b>	
Effective date of authorization: ____ / ____ / ____			
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment			
Last Name		First Name	
Address			
City		State                      Zip	
Email Address			
<input type="checkbox"/> Please check this box if you are contributing through Online Giving but would still like to receive envelopes for special donations.			
<b>Choose One Option:</b>	<b>Frequency of Donations:</b>	<b>Select Fund(s):</b>	<b>Amount(s):</b>
<input type="checkbox"/> Until I Cancel <input type="checkbox"/> Number of Times ____ <input type="checkbox"/> End Date ____/____/____	<input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly, 1 <sup>st</sup> & 15 <sup>th</sup> <b>DATE OF FIRST DONATION:</b> ____ / ____ / ____	<input type="checkbox"/> 75 <sup>th</sup> Anniversary Campaign <input type="checkbox"/> Sunday Collection <input type="checkbox"/> Parish Center Mortgage <input type="checkbox"/> Other _____	\$ ____ \$ ____ \$ ____ \$ ____ TOTAL FROM ABOVE \$ ____
<b>CHECKING / SAVINGS</b>	Please debit payment 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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____		
<b>CREDIT CARD</b>	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		

**If using a checking account, please attach a voided check over the credit card section.**