## **AUTHORIZATION FORM**

Organization Name: St. Joan of Arc Church

FO	R OFFICE USE ONLY	CUSTOMER#	DATE	
Effective date of authorization:				
Type of authorization: ☐ New authorization ☐		horization	ange payment amount	☐ Change
paymo  Change banking information  Discontinue electronic payment				
Last Name First Name			First Name	
Address				
City			State Zip	
Email Address				
MONTHLY PAYMENT:  Date for monthly withdrawal (please check one):				
CHECKING / SAVINGS	Please debit payment from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (staple a voided check below)		Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:    Check Number   Check 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:			
	Please charge my payment to my (check one):   Visa   MasterCard   American Express   Discover Card			
CREDIT 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 cred	dit card):		Date:

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