

HOLY FAMILY PARISH NEW ONLINE PAYMENT AUTHORIZATION FORM

Name on account (Print)	
Email address	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: ☐ New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i>	
☐ Change Indicated Below	
☐ Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information		
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>		
Bank Account Information	Credit Card Information	
Bank Name	Credit Card Type	☐ American Express ☐ Discover ☐ Other (provide type below)
Account Type ☐ Checking (please attach voided check)	☐ Mastercard ☐ Visa	
Routing Number	Credit Card #	
Account Number	Credit Card Expiration Date	Security Code
Authorization Effective Date / /	Authorization Effective Date / /	

Contribution Schedule					
Fund Type (e.g., Sunday Offering, DSA Plodge, etc.)	Payment Schedule	Amount	Payment Start Date	Collection Date (Choose date for withdrawal from your account)	Down Payment (if applicable)
	☐ Monthly ☐ Twice/month ☐ Weekly	\$		☐ 1 st & 16 th ☐ 5 th & 20 th	\$
	☐ Monthly ☐ Twice/month ☐ Weekly	\$		☐ 1 st & 16 th ☐ 5 th & 20 th	
	☐ Monthly ☐ Twice/month ☐ Weekly	\$		☐ 1 st & 16 th ☐ 5 th & 20 th	\$
	☐ Monthly ☐ Twice/month ☐ Weekly	\$		☐ 1 st & 16 th ☐ 5 th & 20 th	\$

Weekly withdrawals are every Sunday. Monthly withdrawals are on the 1st of the month.

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$ _____ nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____