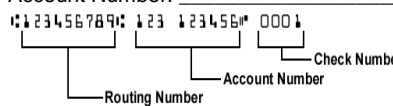


AUTHORIZATION FORM

Name of the organization: St. John Neumann Catholic Church

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> One-time <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the ____ <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	FUNDS: <input type="checkbox"/> Offering <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ Total from above \$ _____
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: _____  <p> * 23456789 * 123 123456 * 0001 Routing Number Account Number Check Number </p>
	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: _____
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Card Number:		Expiration Date:
	Name on Card:		
	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.

If you need assistance, please call 512-328-3220, ext. 111.

Please return this form to:
St. John Neumann Catholic Church
Attn: Accounting
5455 Bee Cave Road
Austin, TX 78746,