

ParishSOFT LLC - Payment Authorization Form



Saint Clare Parish

Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i> <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below. 	

Account Information	
(Choose either Bank or Credit Card. Provide information below for one account only.)	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard _____ <input type="checkbox"/> Visa _____
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Type	Date	Gift Amount	Fund Type	Date	Gift Amount
Weekly First Collection	Monthly gift	\$	ABC Educational Support	October	\$
Monthly Maintenance Fund	Monthly gift	\$	Mission Sunday	October	\$
Diocesan Priests	January	\$	All Saints	November	\$
Deacon Fred Miller Fund	January	\$	Camp. for Human Develop.	November	\$
Eastern Europe	February	\$	Retired Religious Fund	December	\$
ABC Educational Support	February	\$			
CRS	February	\$	Holy Days:		
Seminary Offering	May	\$	Solemnity of Mary	01/01	\$
Black and Native Americans	June	\$	Holy Land/Good Friday	03/21	\$
Catholic Review \$22.00	July	\$	Ascension	05/01	\$
Missionary Cooperative Plan	July	\$	Assumption	08/15	\$
Peter's Pence	September	\$	All Souls	11/02	\$
Pope John Paul II	September	\$	Immaculate Conception	12/08	\$

Payment Schedule and Collection Date: Withdrawals for monthly gifts and the second collections will be made on or about the 15th of the month. Withdrawals for the Holy Days will be made on or about the actual date.

I authorize Saint Clare Parish 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 \$35 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: _____
Date: _____