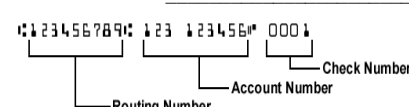


EFT AUTHORIZATION FORM

DATE: \_\_\_\_\_

Name of the organization: Jesus the Divine Word Catholic Church

Effective date of authorization: ____/____/____	<input type="checkbox"/> New authorization	<input type="checkbox"/> Discontinue donation	
Type of authorization:	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change donation date	
	<input type="checkbox"/> Change donation amount		
Last Name		First Name	
Address			
City			
Email address			
Phone contact			
DATE OF FIRST DONATION: ____/____/____	FUNDS: <input type="checkbox"/> Offertory	<u>NATIONAL COLLECTIONS:</u>	<u>NATIONAL COLLECTIONS (cont'):</u>
FREQUENCY OF DONATION:	<input type="checkbox"/> Maintenance	1/5/20 Archdiocese of Military Service	8/2/20 Catholic Communications and Human Development
<input type="checkbox"/> Weekly	<input type="checkbox"/> Contributions/ donations	3/15/20 Church in the Developing World	9/13/20 The Catholic University of America
<input type="checkbox"/> Monthly		4/10/20 Holy Land Collection	10/18/20 World Missions/Propagation of the Faith
		4/26/20 Church Missions w/in the U.S.	11/8/20 Priests of the Archdiocese Retirement Fund
		5/17/20 Catholic Relief Services	12/13/20 Retirement for Religious
		6/28/20 Holy Father (Peter's Pence)	

<b>CHECKING/SAVINGS</b>	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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____  
<b>CHECKING</b>	I authorize the above organization to process debit entries to my account.  Authorized Signature: _____ Date: _____	I understand that this authority will remain in effect until I provide REASONABLE NOTIFICATION TO TERMINATE THE AUTHORIZATION

<b>CREDIT/DEBIT</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card  Card Number: _____  Name on Card: _____ Expiration Date: _____  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: _____
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If using a checking account, please attach a voided check over the credit/debit card section above.

Please complete and return to Parish Office, ATTN: BOOKKEEPER or email to Marcy Chaney at: [fnance@jesusdivineword.org](mailto:fnance@jesusdivineword.org)