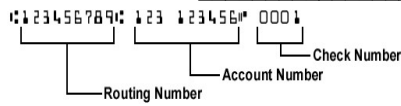


AUTHORIZATION FORM

Organization Name: _____

| | | |
|---|--|--|
| Customer Id # ES7997 | St. Thomas's Parish | DATE |
| Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Email Address | | |
| Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Date of one time payment: ____/____/____ Amount : \$_____ | | |
| Date of first payment: ____/____/____ Amount of recurring payment: \$_____ | | |
| CHECKING / SAVINGS | Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____ Date: _____ | |
| CREDIT/DEBIT CARD | Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover 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 credit card): _____ Date: _____ | |

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

AUTHORIZATION FORM

Organization Name: _____

| | | |
|---|--|--|
| Customer Id # ES7997 | St. Thomas's Parish | DATE |
| Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Email Address | | |
| Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Date of one time payment: ____/____/____ Amount : \$_____ | | |
| Date of first payment: ____/____/____ Amount of recurring payment: \$_____ | | |
| CHECKING / SAVINGS | Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____ Date: _____ | |
| CREDIT/DEBIT CARD | Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover 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 credit card): _____ Date: _____ | |

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

AUTHORIZATION FORM

Organization Name: _____

| | | |
|---|--|--|
| Customer Id # ES7997 | St. Thomas's Parish | DATE |
| Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Email Address | | |
| Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Date of one time payment: ____/____/____ Amount : \$_____ | | |
| Date of first payment: ____/____/____ Amount of recurring payment: \$_____ | | |
| CHECKING / SAVINGS | Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____ Date: _____ | |
| CREDIT/DEBIT CARD | Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover 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 credit card): _____ Date: _____ | |

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