

## RISEN SAVIOR CATHOLIC COMMUNITY PAYMENT AUTHORIZATION FORM

Church Name Risen Savior Catholic Community	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <i>(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		
<i>(Provide information below for one account only.)</i>		
<b>Bank Account Information</b>		
Bank Name		<b>You will no longer receive envelopes. Please contact Beverly at ext. 307 if you have any questions.</b>
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>		
Routing Number		
Account Number		
Authorization Effective Date	/ /	

Contribution Schedule					
Fund Type <small>(e.g., Sunday Offering, SVDP, etc.)</small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small>(Choose <b>ONE</b> date for withdrawal from your account)</small>	
<i>Sunday Offering</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	
<i>St. Vincent de Paul</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	
<i>Holy Days of Obligation</i>	Debit account for every Holy Day. <input type="checkbox"/>	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	
<i>Special Second Collections</i>	Debit account for every 2 <sup>nd</sup> collection. <input type="checkbox"/>	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	

I authorize the above-named church 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 \$4.50 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please attach your voided check or savings deposit slip.***