

**AUTHORIZATION FOR AUTOMATIC PAYMENT**  
**St. Mary Church**

**FOR CREDIT CARD DRAFTS**

Type of card: Visa \_\_\_  
Mastercard \_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Month Year  
Amount: \$ \_\_\_\_\_  
Frequency: Weekly \_\_\_ Monthly \_\_\_

**FOR DEBIT OF CHECKING OR SAVINGS ACCOUNTS**

Type of account: Checking \_\_\_  
Savings \_\_\_  
Name of Financial Institution: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing (ABA) Number (attach VOID check if unsure):  
\_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Frequency: Weekly \_\_\_ Monthly \_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_