

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: _____