

**ELECTRONIC FUND TRANSFER
PAYMENT AUTHORIZATION FORM**

Church Name Our Lady of Fatima Catholic Church	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <input type="checkbox"/> New Payment from account specified below <i>(Choose either bank or credit card. 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>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type
Account Type <ul style="list-style-type: none"> <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Fund Type	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose <u>ONE</u> date for withdrawal from your account)</i>
Offertory	<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 th <input type="checkbox"/> 20 th
Maintenance Fund	<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 th <input type="checkbox"/> 20 th
Parish School Support	<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 th <input type="checkbox"/> 20 th

I authorize the above-named church or school 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 \$ 25.00 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.