

**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, Zip Code		
I authorize the following: <input type="checkbox"/> New Payment from account specified below. (Choose either bank or credit card.. One account only, please.) <input type="checkbox"/> Change indicated below. <input type="checkbox"/> Discontinue Electronic Funds Transfer from account or fund specified below.				
Account Information (Choose either Bank or Credit Card.. Provide information below for one account only.)				
Bank Account Information		Credit Card Information		
Bank Name		Credit Card Type	Security Code: _____	
Account Type <input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attach deposit slip)		<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 (Choose ONE date for withdrawal from your account)
Offertory	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly    (2x/year) <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>
Maintenance Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly    (2x/year) <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>
Parish School Support	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly    (2x/year) <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>
Capital Campaign	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly    (2x/year) <input type="checkbox"/> Annually <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 25 <sup>th</sup>
Pastoral Services Appeal	<input type="checkbox"/> Monthly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly	\$		<input type="checkbox"/> 15 <sup>th</sup>

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.