



**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (ELECTRONIC DONATIONS)**

**MEMBER INFORMATION**

Name: \_\_\_\_\_ Envelope # \_\_\_\_\_ Phone: \_\_\_\_\_  
(if known)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**TRANSACTION DETAILS**

I elect my transactions to be made \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ 2x Month \_\_\_\_\_ Annually  
(1st & 15th)  
Contribution start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
I would like my contribution to be \$\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ 2x Month \_\_\_\_\_ Annually  
I would like to assist St Andrew with the processing cost \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Call me with amount

**DEBIT TRANSACTION INFORMATION (PAYING FROM CHECKING ACCOUNT)**

Name of Institute: \_\_\_\_\_  
Address of Institute: \_\_\_\_\_  
Account #: \_\_\_\_\_ Are you the account holder: YES NO  
Routing #: \_\_\_\_\_

**CREDIT CARD INFORMATION (PAYING BY CREDIT CARD)**

Card Holder's Full Name: \_\_\_\_\_  
Credit Card Type: VISA Mastercard Discover AMEX Other  
Card # \_\_\_\_\_ EXP: \_\_\_\_ / \_\_\_\_ CVV (3 Digit # on back): \_\_\_\_\_

**OWNER AUTHORIZATION**

I hereby authorize the Debit / Credit Card account information listed above is owned by myself (or my company). This authorization is to remain in full force and effect until written notice (by mail or email) has been received by St. Andrew Catholic Church in such a manner as to afford reasonable time to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_