

St. John the Baptist Catholic Church Electronic Donation Authorization Form

Type of authorization:

- ☐ New authorization ☐ Change donation amount ☐ Change banking information
☐ Change donation date ☐ Discontinue electronic donation

Last Name: _____

First Name: _____

Address: _____

City, State, Zip: _____

Ph #: _____

Email: _____

☐ Church Contribution (Envelope):

Date of First Donation: _____ Amount: \$ _____

Frequency: ☐ Monthly ☐ Semi-Monthly (1st and 15th) ☐ Weekly (Mondays)

☐ Buildings & Grounds:

Date of First Donation: _____ Amount: \$ _____

Frequency: ☐ Monthly ☐ Semi-Monthly (1st and 15th) ☐ Weekly (Mondays)

☐ Other Restricted Fund: * Please indicate: _____

*Angel Fund, Pastoral Ministries, School Fund, School Technology, Youth Faith Formation

Date of First Donation: _____ Amount: \$ _____

Frequency: ☐ Monthly ☐ Semi-Monthly (1st and 15th) ☐ Weekly (Mondays)

Banking Information:

☐ Savings Account (contact financial institution for routing #)

☐ Checking Account (attach voided check)

Routing Number: _____

Account Number: _____

*** Attach voided check please**

The diagram shows a voided check with the following fields and labels:

- NAME
- ADDRESS
- CITY, STATE, ZIP
- DATE
- PAY TO THE ORDER OF
- \$
- BANK NAME
- ADDRESS
- CITY, STATE, ZIP
- FOR
- Bank Routing Number
- Bank Account Number
- Check Number

I authorize St. John the Baptist Catholic Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Office Use: Env #: _____ Date Rec'd: _____ Processed: _____