**ParishSOFT Giving**

Payment Authorization Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Church, School, or Diocese Name | | | | |  |  | |
| Name on account (Print) | | |  | | Account Holder's Phone # | | |
| Address | | |  | |  |  | |
| City, State, and Zip | | |  | |  |  | |
| (Required) Email Address: | | |  | |  |  | |
| I authorize the following: | | * New Payment from Account Specified Below  *(Choose either bank or credit card. One account only, please.)* * Change Indicated Below * Discontinue Electronic Funds Transfer from Account or Fund Specified Below. | | | | | |
|  | | | | | | | |
| **Contribution Schedule** | | | | | | | |
| **Fund** | **Payment Schedule** | | | | | **Amount** | **Payment Start Date** |
|  | * Monthly (1st of the month) * Monthly (16th of the month) * Twice per Month (1st &16th) * Twice per Month (5th & 20th) * Weekly (Every Sunday) | | | * Bi-weekly (Every Other Sunday) * One Time | | $ |  |
|  | * Monthly (1st of the month) * Monthly (16th of the month) * Twice per Month (1st &16th) * Twice per Month (5th & 20th) * Weekly (Every Sunday) | | | * Bi-weekly (Every Other Sunday) * One Time | | $ |  |
|  | * Monthly (1st of the month) * Monthly (16th of the month) * Twice per Month (1st &16th) * Twice per Month (5th & 20th) * Weekly (Every Sunday) | | | * Bi-weekly (Every Other Sunday) * One Time | | $ |  |
|  | * Monthly (1st of the month) * Monthly (16th of the month) * Twice per Month (1st &16th) * Twice per Month (5th & 20th) * Weekly (Every Sunday) | | | * Bi-weekly (Every Other Sunday) * One Time | | $ |  |

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 $\_\_\_\_\_\_\_ 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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   * Mastercard * Visa | * American Express * Discover * Other *(provide type below)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Account Type | * Checking *(please attach voided check)* * Savings *(please attach deposit slip)* | |
| Routing Number | |  | Credit Card # | |
| Account Number | |  | Credit Card Expiration Date | |
| Authorization Effective Date / / | | | Authorization Effective Date / / | |