**ParishSOFT Giving**

Payment Authorization Form

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| 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.
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|  |
| **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.*

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| **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 / /  |