

**ST. PATRICK'S PARISH  
ACH PAYMENT AUTHORIZATION FORM**

Church Name <b>St. Patrick's Parish</b>	
Name on account (Print)	Account Holder's Phone #
Address on account	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below	

Account Information		
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>		
Bank Account Information	Credit Card Information	
Bank Name	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>		
Routing Number	Credit Card #	
Account Number	Credit Card Exp Date	
Authorization Effective Date     /     /	Authorization Effective Date     /     /	

Contribution Schedule					
Fund Type	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose date for withdrawal from your account)</i>	Down Payment <i>(if applicable)</i>
Sunday Offering	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <i>(2x/year)</i>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	\$
Parish Improvement Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <i>(2x/year)</i>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	\$
St. Vincent de Paul & Catholic Charities	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <i>(2x/year)</i>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	\$
Specified Ministry: _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <i>(2x/year)</i>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	\$

I authorize the above-named church 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 \$5.00 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_