AUTHORIZATION FORM – PLEASE PRINT FORM AND RETURN TO OLM

Name of the organization: Our Lady of the Mountains, North Conway NH 03860

FOR OFFICE USE ONLY	**ENVELOPE/DONOR #**	**DATE**

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

PLEASE SEE BACK OF FORM FOR LIST OF COLLECTIONS YOU CAN CHOOSE FROM FOR THE YEAR.		

CHECKING / SAVINGS

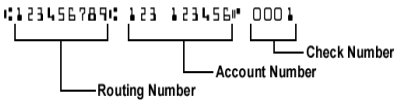
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization 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:_____

CREDIT / DEBIT CARD

Card Brand (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Card Number:	Expiration Date:

Name on Card:

Billing Address (if different from above):

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____

If using a checking account, please attach a voided check over the credit/debit card section above.

Please drop off form at the Church Office or send via mail at: Our Lady of the Mountains, 2905 White Mountain Highway, North Conway NH 03860.
If you have any questions please call Louise Michaud at the Church Office at 603-356-2535.

Thank you for your continued support to Our Lady of the Mountains Parish.

Regular Monthly Donations:

Regular Offertory	Amount	$_____
	Frequency	_____ (weekly, monthly, quarterly, semi-annually, annually
	Start Date	_____

Second Collections:

Fuel	Amount	$_____
	Frequency	_____ (Quarterly in February, May, September, December)
	Start Date	_____
Capital Improvements	Amount	$_____
	Frequency	_____ (Quarterly in February, May, September, December)
	Start Date	_____

Holy Days and Other Collections:

New Year	Amount	$_____	(January 1)
Easter	Amount	$_____	(April)
Easter Flowers	Amount	$_____	(April)
Holy Thursday	Amount	$_____	(April)
Ascension	Amount	$_____	(May)
Assumption	Amount	$_____	(August 15)
All Saints Day	Amount	$_____	(November)
All Souls Day	Amount	$_____	(November)
Immaculate Conception	Amount	$_____	(December 8)
Christmas	Amount	$_____	(December 25)
Christmas Flowers	Amount	$_____	(December)
Religious Education	Amount	$_____	(April and August)
Outreach	Amount	$_____	(April)
Samaritan	Amount	$_____	(December)
Outside Flowers	Amount	$_____	(August)

*****Minimum Amount for online giving is $10 per transaction