# AUTHORIZATION FORM
## Electronic Contribution

Church of St. Patrick, Inver Grove Heights
3535 72nd Street East
Inver Grove heights, MN 55076

Phone: 651-455-6624
Fax: 651-455-8984
www.churchofstpatrick.com

Thank you for your interest in electronic giving. Electronic giving automatically deducts your pledge from your checking account or credit/debit card. Thank you for your generosity.

Please fill out the information below and return to the parish office to begin or update for Electronic Fund Transfer. If you have any questions, please contact the Parish Administrator, Danika Dorame, at ddorame@churchofstpatrick.com or 651-621-1561.

| **FOR OFFICE USE ONLY** | ENVELOPE/DONOR # | DATE: |
|---|---|---|

Effective date of authorization:_____/_____/_____

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

**DONOR INFORMATION**

| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email Address | Phone No. | |

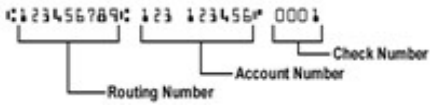
| **DATE OF FIRST DONATION** | **FREQUENCY OF DONATION** | **PURPOSE** | **AMOUNT** |
|---|---|---|---|
| _____/_____/_____ | ☐ Weekly (every Monday) | ☐ General/Operating Fund | $ _____ |
| | ☐ Semi-monthly (1st and 15th) | ☐ Building Fund | $ _____ |
| $ _____ Easter | ☐ Monthly on the 1st | ☐ Debt Offset | $ _____ |
| $ _____ Christmas | ☐ Monthly on the 25th | ☐ _____ | $ _____ |
| | ☐ Quarterly (Mar, June, Sept, Dec) | Total | $ |

**CHECKING / SAVINGS**

☐ Checking Account **(attach a VOIDED check)**
☐ Savings Account (contact financial institution for routing)

Routing Number _____
(valid number starts with 0, 1, 2, or 3)

Account Number _____




**CREDIT / DEBIT CARDS** ( up to 3% fee )

Account # _____

Expiration _____/_____ CVS Code _____

Cardholder Name _____

☐ Master Card ☐ Visa ☐ Discover

I authorize the above organization to process debit and/or credit 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: _____