AUTHORIZATION FORM
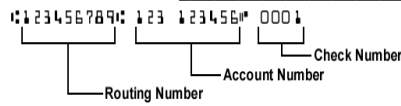
Name of the organization: Blessed Sacrament Catholic Church, West Fargo, ND

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

Last Name	First Name
Address	
City	State	Zip
Email Address	

DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS*:	AMOUNTS:
_____/_____/_____	❑ Weekly – Mondays ❑ Monthly on the 1st ❑ Monthly on the 15th	❑ General/Operating ❑ Poor ❑ Improvements/Building ❑ JP II Catholic Schools ❑ Firm Foundation Campaign	$_____ $_____ $_____ $_____ $_____
		Total from above	$_____

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: _____

⑆123456789⑆ 123 123456⑈ 0001

— Check Number
— Account Number
— Routing 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 you wish to donate to the <u>Blessed Sacrament Endowment Fund</u>, contact
Steve Schons at the Catholic Development Foundation, 701-356-7926**

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