

AUTHORIZATION FORM

Corporation of the Church of the Holy Angels

ES10767

ENVELOPE / DONOR # _____	DATE _____
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Effective date of authorization: _____	
Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date
<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation	
Last Name _____	First Name _____
Address _____	
City _____	State _____ Zip _____
Please debit my donation from my: (check one) <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑆ 1 2 3 4 5 6 7 8 9 0 ⑆ 1 2 3 1 2 3 4 5 6 * 0 0 0 1 Routing Number Account Number Check Number </small>

Weekly Offering (check one frequency): Weekly on Monday Monthly on the 1ST Monthly on the 15th

Date Of First Donation for Weekly Offering: ____ / ____ / ____ **Donation Amount:** \$ _____

Other Collections: (the 1st of each month unless otherwise specified)

Date of First Donation for the Other Collections: ____ / ____ / ____

January: Monthly Collection \$ _____ Solemnity of Mary \$ _____ Utility and Energy \$ _____ Archdiocesan Catholic High Schools \$ _____ Rev. Merusi Scholarship Fund \$ _____ February: Monthly Collection \$ _____ Ash Wednesday \$ _____ March: Monthly Collection \$ _____ Parish Mission \$ _____ Lenten Offering \$ _____ April: Monthly Collection \$ _____ Good Friday / Holy Land \$ _____ Easter Offering \$ _____ Peter's Pence \$ _____ May: Monthly Collection \$ _____ Catholic Communication \$ _____ Ascension \$ _____ Parish Golf Tournament Fundraiser \$ _____ June: Monthly Collection \$ _____ Catholic Relief Services \$ _____	July: Monthly Collection \$ _____ August: Monthly Collection \$ _____ Pro-Life Outreach Ministry \$ _____ Assumption of the Blessed Virgin Mary \$ _____ September: Monthly Collection \$ _____ Catholic Elementary Schools \$ _____ October: Monthly Collection \$ _____ Mission Sunday \$ _____ November: Monthly Collection \$ _____ All Saints \$ _____ Community Action Committee Food Baskets \$ _____ Human Development \$ _____ December: Monthly Collection \$ _____ Immaculate Conception \$ _____ Retirement for Religious \$ _____ Christmas \$ _____
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AGREEMENT

I authorize the above church 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: _____