Blessed Sacrament Parish **ES3699**

For Office Use Only	Envelope #	Date

Member Authorization Form

Effective Date: _____

- ❑ New Authorization
- ❑ Change Contribution Amount
- ❑ Change Contribution Date
- ❑ Change Financial Institution Account
- ❑ Discontinue Electronic Contribution

Name of Member (Please Print)

Address

City	State	Zip

Regular Contribution

- ❑ Weekly (Transferred on Mondays)
- ❑ Semimonthly (Transferred on the 1st & 15th)
- ❑ Monthly (Transferred on either the 1st or the 15th)
  CIRCLE ONE: 1ST 15TH
- ❑ Quarterly (The 1st of the month beginning _____)

General Fund $_____

Food Pantry $_____
(Transferred on the 1st)

Total Amount
per Contribution $_____

Special Contributions

Mother Theresa Endowment
(Transferred February 1st) **$**_____

American Bishops Overseas
Appeal **$**_____
(Transferred April 1st)

Mission Co-op **$**_____
(Transferred July 1st)

Mission Sunday **$**_____
(Transferred October 15th)

Campaign for Human
Development **$**_____
(Transferred November 15th)

Retired Religious **$**_____
(Transferred December 15th)

Christmas **$**_____
(Transferred December 15th)

Please take my contribution directly from the account specified:

- ❑ Checking Account (attach a voided check)
- ❑ Savings Account (attach a savings deposit slip)

Routing #: **Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols ⑆:**	Account #:

I authorize **Blessed Sacrament Parish** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____ Date:_____
:

Please attach a voided check or savings deposit slip.

Please charge my contribution to my (check one): ❑Visa ❑MasterCard

Credit Card Number:_____ Expiration Date:_____

Name on Card:_____

I authorize Blessed Sacrament Parish and Vanco Services LLC to charge my credit card in accordance with the information above.

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