

PRINCE OF PEACE PARISH

On-Line Giving Authorization Form

FOR OFFICE USE ONLY			ENVELOPE/DONOR #			DATE			
		New aut	uthorization e banking information Change donation amoun Discontinue electronic do						
Last Name First Name									
Address									
City					State Zip			Zip	
Email Address									
DATE OF FIRST DONATION:		□ w (FREQUENCY OF DONATION: Weekly		FUNDS: Sunday/Holy Day Maintenance Other			**************************************	
		(ther One Time, Biweekly, Semi- /lonthly, Quarterly, Annual)	-	Grand total \$				
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)			Vá Ac	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: 1.1.23.456.7891. 1.23 1.23.4561 0001 Check Number Check 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:								
CREDIT / DEBIT CARD	Card Issuer (check one):	☐ Visa	☐ MasterCard	☐ Am	erican Express		Discover Car	d	
	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:		