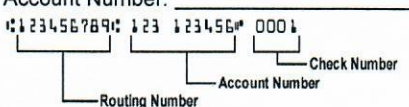


AUTHORIZATION FORM

St. Boniface Catholic Church

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Regular Contribution \$ _____ <input type="checkbox"/> Building/Debt Reduction \$ _____ <input type="checkbox"/> Angel Fund \$ _____ <input type="checkbox"/> St. Vincent de Paul \$ _____ <input type="checkbox"/> Fr. McGivney Angel Fund \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> Annual Catholic Services Appeal (ACSA) \$ _____ <div style="text-align: right;">Total \$ _____</div>
ANNUAL (one time) CONTRIBUTIONS		
<input type="checkbox"/> Jan 1 First Offering \$ _____ <input type="checkbox"/> Jan 12 Catholic Times \$ _____ <input type="checkbox"/> Jan 26 Church in Latin America \$ _____ <input type="checkbox"/> Feb 26 Church in Central/Eastern Europe \$ _____ <input type="checkbox"/> Mar 8 Rice Bowl \$ _____ <input type="checkbox"/> Mar 15 Catholic Charities \$ _____ <input type="checkbox"/> Mar 22 Catholic Relief \$ _____ <input type="checkbox"/> Apr 10 Good Friday – Holy Land \$ _____ <input type="checkbox"/> Apr 17 Seminarians \$ _____ <input type="checkbox"/> Apr 12 Easter Flowers \$ _____	<input type="checkbox"/> Apr 26 Catholic Home Mission \$ _____ <input type="checkbox"/> May 24 Catholic Communication \$ _____ <input type="checkbox"/> Jun 7 Retired Diocesan Priests \$ _____ <input type="checkbox"/> Jun 28 Peter's Pence \$ _____ <input type="checkbox"/> Oct 18 World Mission Sunday \$ _____ <input type="checkbox"/> Nov 22 Campaign for Human Development \$ _____ <input type="checkbox"/> Nov 26 Thanksgiving – SVDP \$ _____ <input type="checkbox"/> Dec 13 Retirement Funds for Religious \$ _____ <input type="checkbox"/> Dec 24 Christmas Flowers \$ _____ <input type="checkbox"/> Dec 25 Catholic Children's Home \$ _____	
Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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 using a checking account, please attach a voided check over the credit/debit card section above.