

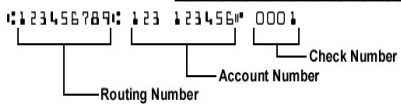
EMMAUS CATHOLIC PARISH/QUEEN OF ANGELS CHAPEL

1718 LOHMANS CROSSING ROAD, LAKEWAY, TX 78734

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ELECTRONIC PAYMENT AUTHORIZATION FORM

With thanks for all that God has given, I/we intend to support Emmaus/Queen of Angels by the following offering commitment.

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE ENTERED/INITIALS
Effective date of authorization: ____/____/____		
Type of authorization: <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
Email Address		Phone Number
DATE OF FIRST DONATION: ____/____/____ NOTE: To calculate a monthly amount based on a weekly donation amount, use the following equation. Weekly offering amount X 4.33 (average wks per month)	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Main Offering \$ _____ <input type="checkbox"/> Benevolence \$ _____ <input type="checkbox"/> Diocesan \$ _____ <input type="checkbox"/> Parish Life Center \$ _____ <input type="checkbox"/> Growing to Serve Capital Campaign \$ _____ <input type="checkbox"/> Other (Specify) _____ \$ _____ Total from above \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (Please attach a voided check)	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"/> Discover	
	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: _____	

- Please remember to notify Emmaus in the event you change your bank account, your credit card number or credit card expiration date. This notification must be at least 5 business days in advance of your next draft.
- An increase, decrease, or cancellation of your automatic payment will need to be communicated by email or written notification 5 business days prior to your next draft.