



**ST. CATHARINE OF SIENA**  
**ROMAN CATHOLIC CHURCH**

**Recurring Authorization Form**

Schedule your contributions to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover Card. Simply complete and sign this form to get started!

**Please complete the information below :**

I/We \_\_\_\_\_ authorize St. Catharine Catholic Church to debit my/our checking  
 (full name)  
 account on the \_\_\_\_\_ of each \_\_\_\_\_ or charge my/our credit card on the 20<sup>th</sup> of each  
 (5<sup>th</sup>/20<sup>th</sup>) (month/quarter)  
 \_\_\_\_\_ indicated below for \$ \_\_\_\_\_ for my Offertory Contribution.  
 (month/quarter) (amount)

Billing Address \_\_\_\_\_ Phone (Daytime) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Bank Account – 5<sup>th</sup> or 20<sup>th</sup>**

Checking       Savings


Name(s) on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank City/State \_\_\_\_\_



**Credit Card – 20<sup>th</sup> only**

Visa       MasterCard

Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

\* \* Additional contribution(s) for Easter \_\_\_\_\_ and/or Christmas \_\_\_\_\_ \* \*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Catharine Catholic Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that St. Catharine Catholic Church may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.