EFT AUTHORIZATION FORM

DATE:

Name of the organization: Jesus the Divine Word Catholic Church

Effective date of authorization:	☐ **New authorization**	☐ **Discontinue donation**
_____/_____/_____	☐ **Change banking information**	☐ **Change donation date**
Type of authorization:	☐ **Change donation amount**	

Last Name	First Name
Address	
City, Zip Code	
Email address	
Phone contact	

DATE OF FIRST DONATION: _____/_____/_____	**FUNDS:**	**AMOUNT:**	**ARCHDIOCESAN SPECIAL COLLECTIONS *(cont')*:**	**AMOUNT:**
	☐ Offertory	$_____	☐ Church in the Developing World ***(Ash Wednesday)***	$_____
FREQUENCY OF DONATION:	☐ Maintenance	$_____	☐ Holy Land Collection (Good Friday)	$_____
☐ Weekly	**SPECIAL DONATIONS:**		☐ Archdiocese of Military Service	$_____
☐ Biweekly (Every 2 Weeks)	☐ Christmas	$_____	☐ Catholic Relief Services	$_____
☐ Monthly	☐ Easter	$_____	☐ Catholic Communications & Human Development	$_____
		$_____	☐ Peter's Pence Collection (for the Holy Father)	$_____
		$_____	☐ Catholic University of America	$_____
		$_____	☐ World Mission Propagation of the Faith	$_____
	ARCHDIOCESAN SPECIAL COLLECTIONS:	$_____	☐ Priests of the Archdiocese of Washington Retirement Fund	$_____
	☐ Church Missions U.S.	$_____	☐ Retirement for Religious	$_____

CHECKING/SAVINGS

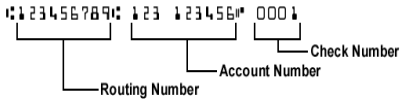
Please debit my donation from my *(check one)*:

☐ Savings Account *(contact your financial institution for Routing #)*

☐ Checking Account *(attach a voided check below)*.

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 Brand (*check one*): ☐ Visa ☐ MasterCard ☐ American Express ☐ 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.

Please complete and return to Parish Office, ATTN: BOOKKEEPER or email to Dennis Haspert at: finance@jesusdivineword.org