

ParishSOFT LLC
Payment Authorization Form

Holy Trinity Catholic Parish			
Name:		Phone #	
Address:			
City, State, Zip:			
I authorize the following:		<input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue EFT	
Account Information (Choose One)			
Bank Information		Credit Card Information	
Bank Name		Card Type	
Account Type	<input type="checkbox"/> Checking (Attach a Voided Check) <input type="checkbox"/> Saving	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Routing Number		Credit Card Number	
Account Number		Credit Card Expiration Date	
Authorization Effective Date / /		Security Verification #	

Contribution Schedule				
Fund Type	Payment Schedule	Amount	Start Date	Down Pmt.
<input type="checkbox"/> Offertory	<input type="checkbox"/> Monthly	\$	/ /	\$
	<input type="checkbox"/> Quarterly	\$	/ /	\$
<input type="checkbox"/> Tuition	<input type="checkbox"/> Semi Annually	\$	/ /	\$
	<input type="checkbox"/> One Time	\$	/ /	\$
<input type="checkbox"/> Pledge	<input type="checkbox"/> Other (Call Office)	\$	/ /	\$

Collection date will be on or about the 15th of each month.

I authorize Holy Trinity Catholic Church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$15.00 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: _____ Date: _____

Please attach a voided check or deposit slip from savings account with the routing and account numbers.