

Charge and Auto Debit Authorization Form

Name (Please Print)

Address:

Phone: -- Parish ID. #

Credit Card Charge:

Master Card; Visa; American Express; Discover

Credit Card Number:

Code: Expiration Date: /

Please charge my account \$_____ (minimum - \$25) per month.

Beginning ___/___/20___ Ending ___/___/20___

This amount should be used for: Sunday Collection _____
School Tuition _____
R.E. Tuition _____
BTTF Campaign _____ (debt reduction)
Before & After School Care _____

I (we) authorize St. Margaret Mary Church/School to initiate charge entries to our charge account indicated above. This authority is to remain in full force and effect until St. Margaret Mary Church/School has received written notification from me (either of us) of its termination.

Signed: _____ Date: _____

Check or Saving Account Debit: I (we) authorize St. Margaret Mary Church/School to initiate debit entries to our checking account indicated below and the institution named below, hereinafter called "Institution to debit the same such account. I (we) further authorize St. Margaret Mary Church/School to initiate credits to my (our) account to correct any errors, and the "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until St. Margaret Mary Church/School and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford them a reasonable opportunity to act on it prior to depositing to the account.

Institution (Bank) Routing Number:

Personal Bank Number:

Please debit my account \$_____ (minimum - \$25) per month.

Beginning ___/___/20___ Ending ___/___/20___

This amount should be used for: Sunday Collection _____
School Tuition _____
R.E. Tuition _____
BTTF Campaign _____ (debt reduction)
Before & After School Care _____

Signed: _____ Date: _____

