

## St. Mary, Our Lady of the Snows Automated Contribution Authorization Form

Name on Account (Print)		
Address		
City, State, and Zip		
Home Phone	Work Phone	Cell Phone
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only please)</i>		
<input type="checkbox"/> Change Indicated Below		
<input type="checkbox"/> Discontinue Electronic Funds Transfer		

<b>Account Information</b> <i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>
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Bank Account Information	Credit Card Information
Bank Name	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking (Please attach voided check) <input type="checkbox"/> Savings (Please attach deposit slip)	Credit Card #
	Credit Card Expiration Date

Contribution Schedule:  <input type="checkbox"/> Monthly  <input type="checkbox"/> Quarterly	Contribution Amount  \$ _____	Start Date  ____/____/____	Date (Choose one date for withdrawal from your account)  <input type="checkbox"/> 5 <sup>th</sup>  <input type="checkbox"/> 20 <sup>th</sup>
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Attach voided check or savings deposit slip here

I authorize St. Mary, Our Lady of the Snows to debit from the account specified on this form. This authorization will remain in effect until I give a minimum 15 day written notice for change or cancellation to terminate authorization.

\_\_\_\_\_  
Authorized account signature

\_\_\_\_\_  
Date