PARISHSOFT LLC PAYMENT AUTHORIZATION FORM

| Account Number Authorization Effective Date Contribution Schedule Fund Type (e.g., Sunday Offering, DSA Pledge, etc.) Offertory School Facility Church in Latin America Holy Father - Peter's Pence Holy Land Shrines April Seminaries May Seminaries Catholic Relief Service August Seminaries August Seminaries Catholic Relief Service August September Sominaries Catholic University September Sominaries Sominaries Catholic University Soptember Sominaries Catholic University Soptember Sominaries Catholic Relief Service August Sominaries Catholic | City, State, and Zip I authorize the following: New Payment (Choose either Change Indication Discontinue Endication Discontinue Endic | r bank or created Below lectronic Funt Inform Provide inform Credi Credi Credi Credi Credi Authority and Authority and Credi Cred Credi Cred Credi Cred Credi Credi Credi Cred Cred Credi Credi Credi Credi Credi Cred C | unds Transfer undsteron below undsteron Mastercan undsteron und | from Accordance ow for one rmation d tion Date ctive Date | accou | rnt only.) | hree Digit Coo |
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| I authorize the above-named church or school 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 | I authorize the above-named church or school to debit from | | | | | | |

For checking or savings account debits, please attach your voided check or savings deposit slip.