

PARISHSOFT LLC
PAYMENT AUTHORIZATION FORM

Church, School, or Diocese Name St. Joseph Parish, 173 Albion St, Wakefield MA 01880	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
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 from Account or Fund Specified Below.	

Account Information	
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card # Three Digit Code
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule			
Fund Type <i>(e.g., Sunday Offering, DSA Pledge, etc.)</i>	Payment Schedule	Amount	Collection Date <i>(Choose date for withdrawal from your account)</i>
<i>Offertory</i>	Monthly	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>School Facility</i>	Monthly	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Church in Latin America</i>	January	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Holy Father - Peter's Pence</i>	February	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Holy Land Shrines</i>	April	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Easter: Clergy Benefit Trust</i>	April	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Catholic Communications</i>	May	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Seminaries</i>	May	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Central & Eastern Europe Church</i>	July	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Black and Native American Church</i>	July	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Catholic Relief Service</i>	August	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Home Missions</i>	August	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Catholic University</i>	September	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Missions</i>	October	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Campaign for Human Development</i>	November	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Collections for Retired Religious</i>	December	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
<i>Christmas: Clergy Benefit Trust</i>	December	\$	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th

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 a \$_____ nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

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