



St. Patrick Catholic Church of Gretna

Online Giving - Payment Authorization Form

(Please Print Clearly)

Last Name		First Name(s)	
Are you a <i>Registered Parishioner(s)</i> of St. Patrick? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide your Envelope # _____			
Name on Account		Account Holder's Phone #	
Address			
City, State, and Zip		Account Holder's Email Address	
I authorize the following:		<div style="border: 1px solid black; padding: 5px;"> *New Payment from Account Specified Below (Choose either bank <u>or</u> credit card. One account only, please) </div>	

Account Information		
(Choose either Bank or Credit Card. Provide information below for one account only.)		
Bank Account Information	Credit Card Information	
Bank Name	Credit Card Type	
Account Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Other (provide type below) _____	
<input type="checkbox"/> Checking (please attach voided check) <input type="checkbox"/> Savings (please attach savings deposit slip)		
Routing Number (a 9-digit number on lower left corner of your check)	Credit Card Number	
Account Number	Credit Card Expiration Date (Month/Day/Year)	CVV Card Code
Authorization Effective Date (Month/Day/Year)	Authorization Effective Date (Month/Day/Year)	

Contribution Schedule					
Fund Type <small>(e.g., Sunday Offering, Easter, etc.) Contact the Parish Office for a list of the various funds you can contribute to.</small>	Payment Schedule	Amount	Payment Start Date <small>(Month and Year Only)</small>	Collection Date <small>(Specific date for withdrawal from your account, e.g., 1st and 15th of each month)</small>	Down Payment <small>(if applicable)</small>
Sunday Offering	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> 2x/Year <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time	\$			\$

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: _____