

# ST. JOHN THE EVANGELIST CATHOLIC CHURCH

112 E. SECOND STREET  
 FREDERICK, MARYLAND 21701  
 (301) 662-8288

## AUTOMATIC PAYMENT AUTHORIZATION AND CHANGE FORM (PLEASE PRINT ALL INFORMATION)

Name on Account:	Account Holder's Home Phone #
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Address:

I authorize the following:  New Payment from Account Specified Below  
 Change Amount or Date as indicated Below  
 Change Financial Institution Account  
 Discontinue Electronic Funds Transfer (EFT) from Account

### ACCOUNT INFORMATION

Bank Name:

Account Type:     Checking (Please attach voided check.)  
                            Savings (Please attach deposit slip.)

Routing Number:

Account Number:

Authorization Effective Date:  
 (Month/Date/Year)

### Contribution Schedule

Please tell us what gift you wish to make to the:	How Much?	Collection Date (Choose either 5 <sup>th</sup> or 20 <sup>th</sup> of the month for EFT banking. Each Fund can be a different date.)	Start Date (Allow 2 weeks)
Regular Offertory Fund			
Debt Reduction Fund			
Maintenance Fund (Monthly instead of quarterly)			
Special School Collection Fund			

I authorize St. John the Evangelist Catholic Church 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 \$25 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY			
LAST NAME:	ID:	1 <sup>st</sup> Transaction Date:	Initials:
Change Date:	Received Date:	Initials:	
Cancelled Date:	Received Date:	Initials:	
COMMENTS:			