

**ST. EMILY PARISH**  
**Auto Debit or Credit Card Payment Authorization Form**  
**CONTRIBUTIONS**

I/We authorize St. Emily Parish to debit or charge from the account specified on this form.

I/We have selected the following payment option (only one per authorization form):

CREDIT CARD

VISA

MASTERCARD

DISCOVER

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3 digits on back of card) \_\_\_\_\_

**OR**

Automatic Debit to checking Account (Include a Voided Check for Processing)

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

(See bottom left of check)

Bank Account Number: \_\_\_\_\_

.....  
St. Emily Parish is authorized to make deductions for the contributions I checked below:

Sunday Donation

Frequency and amount of contributions (Weekly available for checking debit only):

Weekly (each Wednesday) \$ \_\_\_\_\_ Starting Date: \_\_\_\_\_

Monthly (15th each month) \$ \_\_\_\_\_ Starting Date: \_\_\_\_\_

I/We understand there will be a \$25 non-sufficient fund charge for denied debits.

.....  
I/We authorize the financial institution listed to charge my/our account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Envelope Number (if known) \_\_\_\_\_

I/We have the right to stop payment of a debit or charge by notification to the institution in such time and manner to afford a reasonable opportunity to act prior to charging the account. The institution has authority to correct any error/s and to deposit any such correction/s) to my/our account. Savings account debit is not available.