

Authorization for Recurring Gifts to My Church Family

Print Carefully Please

Conscious that regular and timely gifts are the backbone of my church family's financial support, I authorize the following recurring gifts from my account for the:

☐ Regular Collection

☐ Building Fund

☐ My WEEKLY Gift: \$ _____

☐ My Gift Every 2 WEEKS: \$ _____

☐ My MONTHLY Gift: \$ _____ on the 1st or 10th or 20th (circle one) of each month

Option 1: ☐ Please charge my ☐ credit card or ☐ debit card:

☐ Discover

☐ MasterCard

☐ Visa

Card Number:

- - -

Expiration Date:

/

Zip Code where card statement is mailed:

Option 2: ☐ Please have my bank transfer my gift from my account:

☐ Checking (attach a voided check)

☐ Savings (attach savings deposit slip)

Name (exactly as it appears on your account) ex: John Smith

Address (exactly as it appears on your account) ex: 1 Main Street

City, State, Zip (exactly as it appears on your account) ex: Orlando FL 12345-7890

Phone Number Associated with Your Account ex: (301) 555-1212

Email Address ex: jasmith@aol.com

I authorize Sacred Heart Catholic Church, Pineville, LA to process my instructions indicated above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

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Signature

Starting Date for this Gift

If you have any questions, please call the church office (445.2497 x 14).

**Please return in the offertory collection or to 600 Lakeview St., Pineville, LA 71360-7519 OR
Return via FAX to 318.443.0808**

Please make additional copies as needed.