

**PAYMENT AUTHORIZATION FORM**

**Saint Joseph Parish, Medford MA, 02155**

If you are selecting the electronic payment option, please complete this form and send it to the rectory or place in collection basket.

Account name of donor (print)	Telephone #
Address	
City, State, and Zip	E-mail address (for notification) - optional
I authorize the following: <input type="checkbox"/> New payment from account specified below <input type="checkbox"/> Change indicated below <input type="checkbox"/> Discontinue electronic funds transfers from my account specified below	

Account Information	
(Choose either Bank or Credit Card. Provide information for one account only.)	
<b>Bank Account Information</b>	<b>Credit Card Information</b>
Bank name	Credit card type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip)	
Routing number	Credit card #
Fixed 9 digit # shown on the bottom of each check	
Account number	Expiration date
Authorization effective date / /	Authorization effective date / /

Initially payments will be charged to your credit card or bank account on either the 10th or the 25th of each month.

I prefer that my account be charged \$ \_\_\_\_\_ each month beginning in the month of \_\_\_\_\_ on...

... the 10th of each month  
 ... the 25th of each month

I authorize Saint Joseph Parish 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 this authorization. I understand that there may be a fee charged if there are insufficient funds in the specified account to cover the scheduled debit.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please remember to attach your voided check or a deposit slip.*