



# **Electronic Giving: Fast, easy, & secure**

Support the work of our church through Electronic Giving. Have your weekly or monthly contribution debited from your checking or savings account and transferred directly into the church account safely and electronically—you'll never have to remember your checkbook again!

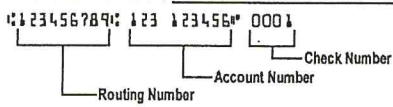
**We would love for you to get started!**

- ✦ **Complete the authorization form on the reverse side and return either by mail or in the collection basket**

**Any questions contact George DeCotis Parish Accountant  
401-333-6060 or [sjvgeorged@gmail.com](mailto:sjvgeorged@gmail.com)**

# AUTHORIZATION FORM

Name of the organization: **Saint John Baptist Mary Vianney Church**  
**3609 Diamond Hill Road, Cumberland RI 02864**

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email Address		
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly on the 1st <sup>h</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time	Amount of first donation:      \$ ____  Amount of last donation (optional):      \$ ____
Date of last donation (optional): ____/____/____		
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____
<b>CREDIT / DEBIT CARD</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____		Date: _____

*If using a checking account, please attach a voided check over the credit/debit card section above.*