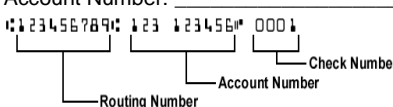


AUTHORIZATION FORM

St. Kilian Catholic Church: Secure Online Giving also available at www.stkilianchurch.org

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE																								
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		Phone																								
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> General/Operating</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Pastoral Services Appeal</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Capital Campaign (Pink Env)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Building Fund</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Music Ministry</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Youth Ministry (SKY)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Social Outreach, e.g. Pantry</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Tuition Assistance - RE/Conf</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Disaster/Humanitarian Aid</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Prayer Shawl Ministry</td><td style="text-align: right;">\$ _____</td></tr> <tr><td><input type="checkbox"/> Mental Health Ministry</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">\$ _____</td></tr> </table>	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Pastoral Services Appeal	\$ _____	<input type="checkbox"/> Capital Campaign (Pink Env)	\$ _____	<input type="checkbox"/> Building Fund	\$ _____	<input type="checkbox"/> Music Ministry	\$ _____	<input type="checkbox"/> Youth Ministry (SKY)	\$ _____	<input type="checkbox"/> Social Outreach, e.g. Pantry	\$ _____	<input type="checkbox"/> Tuition Assistance - RE/Conf	\$ _____	<input type="checkbox"/> Disaster/Humanitarian Aid	\$ _____	<input type="checkbox"/> Prayer Shawl Ministry	\$ _____	<input type="checkbox"/> Mental Health Ministry	\$ _____	Total	\$ _____
<input type="checkbox"/> General/Operating	\$ _____																									
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<input type="checkbox"/> Prayer Shawl Ministry	\$ _____																									
<input type="checkbox"/> Mental Health Ministry	\$ _____																									
Total	\$ _____																									
ANNUAL CONTRIBUTIONS <input type="checkbox"/> Easter offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas offering \$ _____ Date to be transferred ____/____/____																										
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____																										
CREDIT / DEBIT CARD	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: _____																										