

**PARISHSOFT LLC
PAYMENT AUTHORIZATION FORM**

Church, School, or Diocese Name	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i> <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information	
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Type <small>(e.g., Sunday Offering, DSA Pledge, etc.)</small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small>(Choose date for withdrawal from your account)</small>	Month of Collection
Sunday Offering	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th	Any
Building Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th	Any
Christmas	<input type="checkbox"/> One Time	\$		<input type="checkbox"/> 25 th	December
Easter	<input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st	April

I authorize the above-named church or school 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 authorization. I understand there will be a \$15.00 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.