

# St. Bartholomew Online Giving Payment Authorization Form



This form is for parishioners who want to participate in Online Giving but prefer to have the Parish Office manage the setup process. Given the sensitivity of the information on this form, please take appropriate precautions in protecting your information.

Account Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST and Zip: \_\_\_\_\_

I authorize the following: (choose one)

New payment from the *bank account* or *credit card* noted below

Change as indicated below

Discontinue Electronic Funds Transfer from Account or Fund specified below

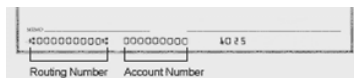
**Bank Account Information** **OR** **Credit Card Information**

Bank Name: \_\_\_\_\_

Account Type:  Checking (attach voided check)  
 Savings (attach deposit slip)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



(2.8% of each transaction is charged to the parish as a fee)

Account Type:  Mastercard  
 Visa

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Contribution Schedule**

Fund Type	Payment Schedule		Amount	Payment Start Date
Sunday Offering	<input type="checkbox"/> Weekly	<input type="checkbox"/> Yearly	\$ _____	_____
	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x/month		
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> 2x/year		
Tuition Assistance	<input type="checkbox"/> Weekly	<input type="checkbox"/> Yearly	\$ _____	_____
	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x/month		
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> 2x/year		
St. Vincent de Paul	<input type="checkbox"/> Weekly	<input type="checkbox"/> Yearly	\$ _____	_____
	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x/month		
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> 2x/year		

**Notes & Authorization**

Note: Special collections (like Christmas, fund for Religious Retirement, etc.) are not authorized through this form. If you are interested in using Online Giving for such collections, please contact the parish office at 522.3680.

I authorize the above-named church 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 that there will be a nonsufficient funds (NSF) fee charged to my account for NSF debits.

Once my Online Giving account is established, I would like: (choose one)

the parish office to manage the Online Giving account on my behalf.  
 to manage the account directly, so please send instructions to me at this email address:

\_\_\_\_\_

As far as paper offertory envelopes are concerned:

Please continue sending them so I can still physically be part of the offertory and am reminded of special collections.  
 Please stop my paper envelopes.

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

Date: \_\_\_\_\_