

**PARISHSOFT LLC
PAYMENT AUTHORIZATION FORM**

Church, School, or Diocese Name St. Athanasius Parish	
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 <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date / /	

Contribution Schedule					
Fund Type <small>(e.g., Sunday Offering, Grand Annual, etc.)</small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small>(Choose date for withdrawal from your account)</small>	Down Payment <small>(if applicable)</small>
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$

I authorize St. Athanasius 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 authorization. I understand there will be a **\$25.00 non-sufficient 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.