ST. THERESA CATHOLIC CHURCH
PAYMENT AUTHORIZATION FORM – BUILDING COMMUNITY PLEDGE

Church Name St. Theresa of the Infant Jesus Catholic Church	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: ❒ New Payment from Account Specified Below *(Choose either bank or credit card. One account only, please.)* ❒ Change Indicated Below ❒ Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information *(Choose either Bank or Credit Card. Provide information below for one account only.)*	
Bank Account Information	**Credit Card Information**
Bank Name	Credit Card Type ❒ Mastercard ❒ Visa
Account Type ❒ Checking *(please attach voided check)* ❒ Savings *(please attach deposit slip)*	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Type	**Payment Schedule**	**Amount**	**Payment Start Date**	**Collection Date** *Choose date for withdrawal from your account*	**Length of Pledge in Months**
Building Campaign Pledge	❒ Monthly ❒ Semi-annually *(2x/year)* ❒ Quarterly ❒ Annually *(1x/year)* ❒ One Time	$_____	/ / *MM /DD /YYYY*	❒ 1st ❒ 15th ❒ 25th	_____ *(# of months)*

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 **$4.50** 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.