

# **AUTOMATIC WITHDRAWAL AUTHORIZATION FORM** **VISA/MASTERCARD/DISCOVER AUTHORIZATION FORM**

St. Mary Immaculate is providing its parishioners the opportunity to have their Sunday Offering, Tuition, and Building Fund contributions directly withdrawn from their checking accounts or charged to their Visa/MasterCard/Discover accounts on a monthly or semi-monthly basis

We offer this twice a month. You can now choose the 5th or 20th (or both) of each month. If you wish to participate, please complete the form below and submit it with a voided check. For Visa/MasterCard/Discover charges, please write your account number, expiration date and security code on the line provided. These forms can be placed in the collection basket or mailed to the Parish Office. Please call Janice in the Business Office at 815-436-2651 ext. 851, if you have any questions.

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I (we) authorize St. Mary Immaculate to initiate debit entries from my (our) banking account in the amount of \$ \_\_\_\_\_ for the **SUNDAY OFFERING**.

5th of each month \$ \_\_\_\_\_ or 20th of each month \$ \_\_\_\_\_

I (we) authorize St. Mary Immaculate to initiate debit entries from my (our) banking account in the amount of \$ \_\_\_\_\_ for the **DIOCESAN DEBT PAYMENT**.

5th of each month \$ \_\_\_\_\_ or 20th of each month \$ \_\_\_\_\_

I (we) authorize St. Mary Immaculate to initiate debit entries from my (our) banking account in the amount of \$ \_\_\_\_\_ for **TUITION**. **Please circle: SCHOOL RELIGIOUS ED**

5th of each month \$ \_\_\_\_\_ or 20th of each month \$ \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

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I (we) authorize St. Mary Immaculate to charge my (our) **VISA** or **MASTERCARD** or **DISCOVER** account in the amount of \$ \_\_\_\_\_ for the **SUNDAY OFFERING**.

5th of each month \$ \_\_\_\_\_ or 20th of each month \$ \_\_\_\_\_

I (we) authorize St. Mary Immaculate to charge my (our) **VISA** or **MASTERCARD** or **DISCOVER** account in the amount of \$ \_\_\_\_\_ for the **DIOCESAN DEBT PAYMENT**.

5th of each month \$ \_\_\_\_\_ or 20th of each month \$ \_\_\_\_\_

I (we) authorize St. Mary Immaculate to charge my (our) **VISA** or **MASTERCARD** or **DISCOVER** account in the amount of \$ \_\_\_\_\_ for **TUITION**. **Please circle: SCHOOL RELIGIOUS ED**

5th of each month \$ \_\_\_\_\_ or 20th of each month \$ \_\_\_\_\_

Visa/MasterCard/Discover number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security code on back of card \_\_\_\_\_  
(last 3 digits on the right)

This authorization is to remain in full force and effect until St. Mary Immaculate Parish has received written or oral notification from me (us) of its termination in such time and in such manner as to afford St. Mary Immaculate Parish and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE(S) \_\_\_\_\_

Please Print Name and Give Contact Information \_\_\_\_\_

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