

Giving Made Easy AUTHORIZATION FORM

(Does not apply to Second or Holy Day Collections,
or to Capital Campaign Pledge Payments)

2 Options

- Electronic Fund Transfer (EFT)
- Credit Card

Name on Account: _____

Street: _____

City, State, ZIP: _____

Day Phone: _____ **e-Mail:** _____

Amount to be deducted from your account:

\$ _____ Once per week (every Monday)

\$ _____ Twice a month (1st and mid-month business days)

\$ _____ Once a month (1st business day)

Start Date: _____

Checks ► Enclose **this form and a voided check** in a sealed envelope and return it to either of our parish offices. Deposit slips cannot be accepted.

Credit Cards ► Name on card (PRINT): _____

VISA

MasterCard

Discovery

Card Number: _____ Expiration Month & Year: _____

Billing Address: _____

I authorize the Catholic Community of Pleasanton to process entries from my checking/credit card, as noted above. This authority shall remain in effect until I give reasonable notification in writing to terminate this authorization.

Authorized Signature on Account

Date

CCOP Use: Envelope Number _____
