

AUTHORIZATION FORM

Immaculate Heart of Mary Catholic Church

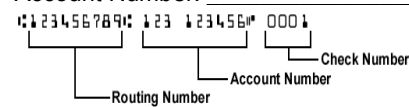
ES11800

FOR OFFICE USE ONLY	ENVELOPE #	DATE
---------------------	------------	------

Effective date of authorization: _____	Donations are tax deductible.
Type of Authorization:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date

Last Name	First Name	
Street Address	E-mail address	
City	State	Zip

Date of first payment: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st	FUNDS AND AMOUNTS: <input type="checkbox"/> Offertory, 2009 \$ _____ <input type="checkbox"/> Finish in Faith Campaign \$ _____ <input type="checkbox"/> New Church Memorial Gift \$ _____ <input type="checkbox"/> IHM Wish List \$ _____ <input type="checkbox"/> Where most needed/ emergency use \$ _____ <div style="text-align: right;">Total \$ _____</div>
--	--	---

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
I authorize Immaculate Heart of Mary Church and Vanco Services to process debit entries to my account. I understand that this authority will remain in effect until I provide, in writing, notification to terminate the authorization.	Authorized Signature: _____ Date: _____	

CREDIT CARD/ DEBIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
Credit Card Number:	Expiration Date:
Name on Card:	
Billing Address (if different from above):	
I authorize Immaculate Heart of Mary Church and Vanco Services to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____	

Please attach voided check over credit card section above if using checking account and mail to Stewardship office at:

Immaculate Heart of Mary Catholic Church
2855 Briarcliff Road, NE
Atlanta, GA 30329
(404) 636-1418
www.ihmatlanta.org