

## St. Joseph-on-Carrollton Manor

### Authorization Form for Faith Formation Tuition Payments

Please return this form to the Faith Formation office. A confirmation letter will be mailed to you.

Please check the action you are authorizing>>	<input type="radio"/> New Payment Plan <input type="radio"/> Change to Payment Plan	<input type="radio"/> Change Financial Institution Account <input type="radio"/> Discontinue	
Name:		Envelope Number	
Mailing address:	(Street/PO Box):	(City, ST, Zip):	
Email:		Daytime Phone:	
Please write the number of people from your family registered in each category below:			
K-5		Confirmation	
Middle (6-8)		First Reconciliation	
TYM (9-12)		First Eucharist	
Total amount you will pay using this payment plan (refer to registration form)			
How often do you want to make payments? Circle one: weekly      biweekly      monthly		Start date for your payments (mm/dd/yyyy):	
If monthly, on what day? (1-28)		What amount do you wish each payment to be?	

If you also would like to give your offering using this automatic giving, please check here: \_\_\_\_\_ and complete the other side of this form.

### BANKING INFORMATION

If you already use automatic giving, you may leave this section blank, and please check here: \_\_\_\_\_

Please circle the type of account from which you want to have your contributions deducted (checking or savings)			
<u>Checking</u>	(attach voided check)	<u>Savings*</u>	(attach savings deposit slip)
Account Number:		* For a <u>savings</u> account, ask your bank to give you the <u>Routing/Transit number</u> for your account; it isn't always the same number on a savings deposit slip (enter below)	
Routing Number: (9-digit number on check between  : and  : (enter at right))			
<p><b>Please read ...</b>                  I authorize St. Joseph-on-Carrollton Manor to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.</p>			
<b>Please sign...</b> Authorized Signature on my account:			Date:
<b>Questions?</b> Call or e-mail the Parish Office at 301-663-0907 ext 3010, or <a href="mailto:parish@stjoesbuckeystown.org">parish@stjoesbuckeystown.org</a>			
<b>For office use only</b>		Date processed:	Initials:

**St. Joseph-on-Carrollton Manor Automatic Giving Authorization Form**

**Your weekly contribution** is vital to funding regular operating expenses, and your parish is grateful for your generosity. When you give electronically, you know that your contribution is made and is contributing to the work of the parish whether or not you are able to attend Mass.

When do you want automatic giving to start (MM/DD/YYYY)?			
Please tell us what gift you wish to make to the:	How much?	How often? (weekly, biweekly, monthly)	If monthly, on what day? (1-31)
<b>Regular operating fund</b>			
<b>Capital Campaign</b>			
<b>Poor Box</b>			
Would you like to include these <b>Special Contributions</b> ?			
<b>Easter</b> (transferred 4/1)	\$	<b>Christmas</b> (transferred 12/15)	\$
<b>Other, Name:</b> Amount: \$ Date of Transfer:			