



101 East Virginia Ave. • PO Box 764 • Effingham, Illinois 62401
 Ph 217.347.7129 • Fax 217.342.6980 • www.stanthony.com

Contribution Authorization

Start Date: _____

Last Name (please print)	First Name	Cell & Home Phone Numbers
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Address	City, State, & Zip
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Offering Frequency (please mark one)

Weekly (will be transferred on Mondays) Amount: _____

Monthly (transferred on the 1st of the month) Amount: _____

Monthly (transferred on the 15th of the month) Amount: _____

How do you wish to pay *We recommend the use of bank drafts in order to reduce the credit card transaction fees incurred by the parish*

Bank Draft Credit Card

Bank Draft: Name on the Account _____

Bank Name & City _____ Checking ___ Savings ___

Routing # _____ Account # _____

Credit Card: _____ Visa _____ Master Card _____ Discover _____ American Express

Card # _____ Exp. Date (MM/YY) _____ Security Code _____

I authorize St. Anthony of Padua Parish to process debit entries to my account for my Sunday contributions. 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.

Signature: _____ Date: _____

Please attach a voided check or savings deposit slip