

Our Lady of Fatima Catholic Church

Electronic Payment Authorization Form

1517 E. 33rd Ave. Spokane, WA 99203

(509) 747-7213 www.fatimaspokane.org

Thank you for your support

Name on Account (Please Print)

Address

City, State, Zip

Account Holder's Phone Number

Email Address

<p>I would like to donate</p> <p>\$ _____ per month</p> <p>Preferred Date for Recurring Donation</p> <p><input type="checkbox"/> 5th of the month</p> <p><input type="checkbox"/> 20th of the month</p>

Bank Account Information

Checking (Please attach voided check)

Account Number

Routing Number

Signature _____ Date _____

I authorize Our Lady of Fatima Catholic Church in Spokane to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.