

# Church of St. Michael

## EFT Authorization for Faith Formation 2017-18

Parent Last Name: \_\_\_\_\_ Parent(s) First Name: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Payment Plan option via electronic payment only. Two, three or four payments may be made. First payment required upon registration. Subsequent payments to be scheduled October 15, November 15 and December 15, 2017

- One additional payment October 15, 2017
- Two additional payments: October 15, 2017, November 15, 2017
- Three additional payments October 15, 2017, November 15, 2017, December 15, 2017

<b>CHECK- ING / SAV- INGS</b>	Please debit my payment from my (check one):  Savings Account (contact your financial institution for Routing #)  Checking Account (attach a voided check below)  <b><i>If using a checking account, please attach a voided check over the credit/debit card section above.</i></b>		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____  <div style="text-align: center;"> </div>		
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____				
<b>CREDIT / DEBIT CARD</b>	_____				
	Card Number: _____				Exp. Date: _____
	Name on Card: _____				
	Billing Address (if different from above): _____				
	I authorize the above organization to process transactions in accordance with the information above.  Signature (as it appears on the card): _____ Date: _____				