

AUTHORIZATION FORM

St. Theresa Parish - Stewardship

STEWARDSHIP

ES 9156

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Type of Authorization: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date		
<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change Special Collections information		
Last Name		First Name
Address		
City		State
		Zip
1. STEWARDSHIP COLLECTIONS:		FREQUENCY OF DONATION: (check only)
DATE OF FIRST DONATION: <u> </u> / <u> </u> / <u> </u>		Please enter your stewardship donation amount below \$ <u> </u>
2. SPECIAL COLLECTIONS: Please check purpose below and fill in Dollar Amount. Note the frequency of the donation.		
PURPOSE	DOLLAR AMOUNT	DATE
<input type="checkbox"/> St. Vincent de Paul Society	\$ _____	FREQUENCY
<input type="checkbox"/> Solemnity of Mary	\$ _____	Monthly
<input type="checkbox"/> Non tuition gift / Rel Educ	\$ _____	Annual
<input type="checkbox"/> Black & Native Americans	\$ _____	Annual
<input type="checkbox"/> Catholic Relief Services	\$ _____	Annual
<input type="checkbox"/> Easter	\$ _____	Annual
<input type="checkbox"/> Ascension	\$ _____	Annual
<input type="checkbox"/> Holy Father – Peter’s Pence	\$ _____	Annual
<input type="checkbox"/> Assumption	\$ _____	Annual
<input type="checkbox"/> Build Hope Campaign	\$ _____	Annual
<input type="checkbox"/> Non tuition gift / Rel Educ	\$ _____	Annual
<input type="checkbox"/> Mission Sunday	\$ _____	Annual
<input type="checkbox"/> All Saints Day	\$ _____	Annual
<input type="checkbox"/> All Souls Day	\$ _____	Annual
<input type="checkbox"/> Immaculate Conception	\$ _____	Annual
<input type="checkbox"/> Nativity Offering	\$ _____	Annual
Total	\$ _____	
NOTE: These donations will continue annually until you make a change		
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (staple a voided check below) <input type="checkbox"/> Savings Account (attach a deposit slip with a valid routing number; a valid routing number starts with 0, 1, 2 or 3. Please contact your financial institution before returning this form if you are unsure)	
Routing Number: _____ Note: Valid Routing # must start with 0, 1, 2, or 3		Account Number: _____ ⑆123456789⑆ 123 1234567 0001 <small>Routing Number Account Number Check Number</small>
I authorize the above church and Vanco Services, LLC 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: _____
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 the above church and Vanco Services, LLC to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____		Date: _____
CREDIT CARD		

Instructions for filling out the Authorization Form

- **Type of Authorization:** Since we are just getting started, please check the box for new authorization. You can see that it is easy to change if you choose to modify your giving selections at a later date.
- **Line # 1** shows the stewardship collection options. Select your first date of donation and frequency of donation given the following choices:
 - If you choose to donate weekly on Monday, the date of first donation possible is Monday, July 9th.
 - If you choose to donate semi-monthly, the first possible donation is July 15th.
 - If you choose to donate monthly, the first possible donation is August 1st.
- Enter the stewardship donation amount in the box on the right side of the form.
- **Item # 2** shows the special collections. As you may know, the special collections support many programs occurring in the parish, as well as your donation to other programs supported by the arch-diocese.
- For each special collection, please check the box and the dollar amount, and the donation will be made on the dates indicated. Note the frequency of the donation – for example, the St. Vincent de Paul society donation will be made **MONTHLY** on the first of each month, similar to the special envelope placed in the monthly envelope packets we receive. Also note that donations you specify will be made annually until you choose to make a change.
- On the bottom of the form, please choose the method of payment – either by EFT or by credit card.
- If you choose EFT from your checking account, you must attach a voided check.
- If you choose EFT from your savings account, you must attach a savings deposit slip with a valid routing number; a valid routing number starts with 0, 1, 2 or 3. Please contact your financial institution before returning this form if you are unsure.
- For those choosing to use credit card, simply fill out the bottom of the form.
- For both EJT or credit card, be sure to sign the form giving your authorization.

Please mail the completed form and attachment to:

St. Theresa's Parish
3939 S.W. 331st Street
Federal Way, Wa. 98023

Thank You!