

NEW CHANGE CANCEL

St. Stephen the Martyr Catholic Church and St. Katharine Drexel Mission
23331 Sam Fred Road – Middleburg, VA 20117
(540) 687-6433

EFT Authorization Form

Please Print

Parishioner's Name _____

Parishioner's Address _____

City _____ State _____ Card's billing Zip Code _____

Email Address _____

Daytime Phone Number _____ Evening Phone Number _____

Contribution:

Monthly Regular Contribution \$ _____

Monthly Building Fund Contribution \$ _____

Total monthly amount deducted: \$ _____

(deducted monthly on the 1st of the month)

Please indicate the community to which you wish to contribute:

St. Stephen the Martyr

St. Katharine Drexel

Please check the payment method of your choice:

VISA Master Card

Name as shown on Credit Card _____

Credit Card Number: _____ Expiration Date: _____

I agree to pay the above total amount to St. Stephen the Martyr/St. Katharine Drexel.
This authorization shall remain in effect until I request changes or cancellation in writing.

Signature: _____ Date: _____

OR

Checking Savings

Name of Financial Institution: _____

Mailing Address: _____

Routing Number: _____ Account Number: _____

I hereby authorize St. Stephen the Martyr/St. Katharine Drexel to debit the account listed above.
This authorization shall remain in effect until I request changes or cancellation in writing.

All signers on the account must sign below. Date: _____

Signature: _____ Print: _____

Signature: _____ Print: _____

Attach copy of voided check