



ELECTRONIC PAYMENTS AUTHORIZATION

RECURRING DONATIONS for Checking/Savings Electronic Funds Transfer (EFT) or Credit Card

Yes, I would like to take advantage of the security and convenience of electronic giving through my bank account or credit card!

I authorize St. James Catholic Church, Cazenovia, NY to transfer funds from the account below in the amount and for the intervals as indicated. These will continue until I give written or verbal notice.

Sacrificial Giving

Weekly until further notice \$ Monthly until further notice \$

If designating Sacrificial Giving, please consider your Christmas and Easter contributions

Process Easter Sunday for an additional amount of \$

Note: Easter will be processed on April 1, regardless of actual date of Easter

Process Christmas in the amount of \$ (Processed on the 25th of each year)

I will contribute in other ways for Christmas and Easter

Capital Campaign

Monthly until further notice \$ Quarterly until further notice \$

I understand I am in full control of my donation. To make changes anytime, I will contact St. James Parish Office, 6 Green Street, Cazenovia, NY 13035 (315) 655-3441.

- Weekly transfers will be processed on Mondays.
Monthly transfers for Sacrificial Giving will be processed on the 10th of the month.
Monthly transfers for Capital Campaign will be processed on the 20th of the month.
Quarterly transfer will be processed on the 15th of the 2nd month of the quarter (2/15, 5/15, 8/15, 11/15)

Help St. James make your dollars go further by using EFT from your checking or savings account to help reduce fees. Whatever method you choose, thank you for your support of St. James.

Payment Information
Please complete Banking OR Credit Card information

Account Type: Checking Savings Please attach voided check or deposit slip

Bank Routing Number: (9 Characters)

Account Number:

I am already using my credit / debit card for Recurring Giving. Please convert me to Electronic Funds Transfer

OR

Visa

MasterCard

Discover

Acct #

Exp Date: CVV# (3-digit code in signature strip)

Donor Information

Name on Card or Account:

Address:

City/State/Zip:

Phone: Email:

Date: Signature: