

Holy Martyrs Church  
Electronic Donation Authorization Form

Effective Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Envelope Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**Giving Options**

Checking/Savings Account

\_\_\_ Checking Account (please attach a voided check)

\_\_\_ Savings Account (please attach a savings deposit slip)

Bank Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Monthly Amount of Contribution \$ \_\_\_\_\_

This amount to be transferred on the (circle one): First / Fifteenth of each month.

I authorize Holy Martyrs Church to process credit/debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notifications to terminate this authorization.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to the parish office. For more information please call Paula Phillips at the church office, 330-722-6633.