



**St. Mary of the Immaculate Conception**

219 Bean Avenue  
Los Gatos, CA 95030  
Ph: 408.354.3726 fx: 408.354.9302

**PAYMENT AUTHORIZATION FORM**

		PLEASE DEBIT MY ACCOUNT:	
NAME:		Regular Collection	\$
ADDRESS:		School 2 <sup>nd</sup> Collection	\$
CITY, STATE, ZIP:		Easter Collection	\$
PHONE:		Christmas Collection	\$
Please Debit my account monthly on the (circle one):		5 <sup>th</sup>	20 <sup>th</sup>

**WHICH ACCOUNT SHOULD WE DEBIT?**

<input type="checkbox"/> I want to use a Credit Card	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Account # _____	Expiration Date: _____ / _____
<i>or</i>	
<input type="checkbox"/> I want to use a Bank Account	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Routing # _____	Account # _____

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand that I will be asked to reimburse St. Mary's for any nonsufficient funds (NSF) fees charged for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please attach your voided check or savings deposit slip.*