

St Paul Catholic Church
5600 S Ryan St
Seattle, WA 98178

Electronic Giving Consent Form



Last Name		First Name	
Envelope #		Email	
Address		Phone	
City	State	Zip	

Date of First Donation ____/____/____ mm/dd/yyyy Number of Donations: _____	Donation Frequency <input type="checkbox"/> One Time <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Trimesterly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 1st and 15th <input type="checkbox"/> Weekly	Fund to apply donation _____ \$ _____ _____ \$ _____ _____ \$ _____
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Checking Account

Routing Number _____

Account Number _____

DOLLARS \$

Memo _____

Routing number Account number Check number

I authorize St Paul Catholic Church and myEoffering to process debit entries from my account.

Signature _____ Date _____

Debit/Credit Card

Visa Master Card American Express Discover

Debit/Credit Card #:	Expiration Date:
Name on Card:	
Billing Address:	

I authorize St Paul Catholic Church and myEoffering to process debit/credit card entries from my information above.

Signature _____ Date _____