

**DIOCESAN SERVICES APPEAL
DIOCESE OF PALM BEACH
PO Box 109650
Palm Beach Gardens, FL 33410-9650
Phone (561) 775-9568 Fax (561) 799-9527**

AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER

I (we), hereby authorize the Diocese of Palm Beach to charge the below amount at the frequency indicated to my (our) account at the financial institution shown **or** credit card noted. It is agreed by all parties that deductions will be stopped upon notification to the Appeal Office either by phone or mail.

Pledge \$ _____ Deduct \$ _____ To Begin _____ To End _____ <div style="text-align: center; margin-left: 150px;">(Month)</div> <div style="text-align: center; margin-left: 150px;">(Month)</div>
Local Parish _____ Signature(s) _____ Date _____ Please make the deductions from my (our): <input type="checkbox"/> Checking Account (<i>Please enclose a <u>voided</u> check</i>) <input type="checkbox"/> Savings Account <input type="checkbox"/> Credit Card
Frequency: <input type="checkbox"/> Monthly OR <input type="checkbox"/> Only months circled (Mar Apr May June July Aug Sept Oct Nov Dec Jan)
<u>Checking / Savings Account Information:</u> (deduct on: <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th of month) Financial Institution: _____ Address _____ City _____ State _____ Zip _____ Routing # _____ Account # _____
<u>Credit Card Information:</u> <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> American Express Credit Card # _____ Exp. Date _____ Print Name as it appears on Card _____
If Credit Card is from a business, please also provide name of business and billing address) Donor Name _____ Donor Address _____ Apt.# _____ Business Name _____ Business Address _____ City _____ State _____ Zip _____ Phone # _____ Alt # _____

For a ONE-TIME credit card gift, you may log on to www.diocesepb.org