

**2005 DIOCESAN SERVICES APPEAL
DIOCESE OF PALM BEACH
P. O. Box 109650
Palm Beach Gardens, FL 33410-9650
561-775-9520**

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 _____
(MONTH) (MONTH)

FREQUENCY: **MONTHLY** _____ **OR** **ONLY MONTHS CIRCLED BELOW** _____
MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC JAN

PLEASE DEDUCT FROM : CHECKING _____ (ENCLOSE BLANK VOIDED CHECK)
SAVINGS _____ CREDIT CARD _____

CHECKING / SAVINGS INFORMATION: (deduct on 5th _____ 18th _____ of month)

FINANCIAL INSTITUTION:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____ ACCOUNT # _____

CREDIT CARD INFORMATION: (charge on 5th _____ 18th _____ of month)

VISA _____ M/C _____ AMERICAN EXPRESS _____

ACCOUNT # _____ EXPIRATION DATE _____

PRINT NAME AS IT APPEARS ON CARD _____

(IF BUSINESS CARD, PLEASE ALSO GIVE BUSINESS NAME AND BILLING ADDRESS)

DONOR NAME _____

DONOR ADDRESS _____ APT. _____

(BUSINESS NAME) _____

(BUSINESS ADDRESS) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # () _____ **ALT # ()** _____

LOCAL PARISH _____

SIGNATURE(S) _____ **DATE** _____