

ST. JOHN THE BAPTIST CATHOLIC CHURCH
960 Caymus Street ▪ Napa, CA 94559 ▪ (707) 226-9379

FAITHFUL GIVING Enrollment Form

Authorization Type:

- New Authorization*
 Change in Amount

Purpose of Gift:

- Offering*
 Capital Pledge
 Other _____

Gift Setup Info:

- Weekly*
 Monthly *1st* *or* *15th*

Amount /: \$ _____

Start date : _____

End date: _____

- Deduct from my Bank Account***

Routing #: _____

Acct #: _____

- VISA / MASTERCARD***

Acct # _____

Expiration Date : _____

Name : _____

Address: _____

Phone: _____

I authorize St. John the Baptist Catholic Church to process debit entries from my account according to the contribution information above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination.

Signature

Date