



**St. Victoria
Parish Family**

ELECTRONIC GIVING AUTHORIZATION FORM

8228 Victoria Dr. | Victoria MN 55386 | stvictoria.net
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To have St. Victoria set up your electronic contributions, please fill out and return this form.
 If you prefer to manage your contributions online yourself, please visit stvictoria.net

Effective date of authorization: ____/____/____ Envelope # (if known) _____

Type of authorization: New authorization Change donation amount Change donation date
 Change banking information Discontinue electronic donation

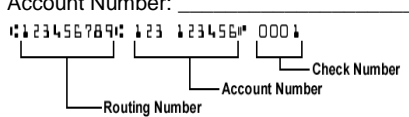
Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email _____

FIRST DONATION DATE: ____/____/____ (mm/dd/yy)	FREQUENCY OF DONATION <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Once per year <input type="checkbox"/> One Time	FUNDS AND AMOUNT: <input type="checkbox"/> Stewardship - your regular weekend offering that goes toward the annual operating budget \$ _____ <input type="checkbox"/> Free To Serve - your special offering to help pay off our mortgage + fund major projects \$ _____ (previously known as New Church/Debt Reduction) <input type="checkbox"/> Other: _____ \$ _____
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CHECKING / SAVINGS	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (complete routing number & account →)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
I authorize St. Victoria to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		

CREDIT / DBEIT CARD	Please charge my donation to (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
Card Number: _____ Expiration Date: _____	
<input type="checkbox"/> Optional: Give an additional 2.75% to help offset the credit card processing fee	
Name on Card: _____ Billing Address (if different from above): _____	
I authorize St. Victoria to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____ Date: _____	

Thank you for your continued support to St. Victoria Parish Family!