

CHURCH OF THE IMMACULATE CONCEPTION, MONTCLAIR, NJ

**AUTOMATIC E-DEBIT
BILLING AUTHORIZATION FORM**

To enjoy the convenience of automatically supporting your parish, simply complete the information below, sign the form and return it back to the Parish Office. You must complete all requested information. Upon your approval, we will automatically debit your checking account or credit card for the amount and frequency indicated and your total donations will appear on your monthly checking or credit card statement. You will continue to receive envelopes with an e-debit notation. Please feel free to continue placing your envelopes in the weekly collection basket indicating the donation amount next to the e-debit notation. You may cancel this automatic billing authorization at any time.

Parishioner Information (to be completed by Parishioner)

Parishioner Name: _____
Address: _____
Apt #: _____
City: _____ State: _____ Zip: _____
Home Telephone: _____ Work Telephone: _____ Mobile: _____
e-mail: _____

Transaction Amount (to be completed by Parishioner)

I authorize the Church of the Immaculate Conception to automatically debit my account for the amount, frequency and duration specified below:

Frequency (Please check one)

- Weekly Monthly
 Quarterly Annually

Dates:

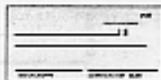
- Begin on Date ____/____/____ End on Date ____/____/____
 Parishioner will provide written Cancellation (i.e. indefinite)

Amount: \$, .

* e-debit is for regular parish support only; does not include special collections, Christmas, Easter, etc.

Donation Method (to be completed by Parishioner)

- Debit My Checking Account** (please attach a voided check below)



(affix voided check here)

- Debit My Credit Card** (MC/Visa only - monthly donation amount must exceed \$75.00)

Credit Card Number: _____ Expiration Date (Month/Year): _____

Parishioner's Name (please print as shown on credit card): _____

Parishioner's Billing Zip Code (required): _____

Parishioner's Signature _____ Date: ____/____/____