



THE PARISH OF SAINT PATRICK
The Episcopal Church in Thousand Oaks

Credit Card/e-Check Authorization Form

All information contained below will be secure and held in strict confidence

For e-Check:	
Name of your Bank:	
Bank Routing Number:	
Bank Account Number:	
For Credit Card:	Visa [<input type="checkbox"/>] MasterCard [<input type="checkbox"/>] Amex [<input type="checkbox"/>] Discover [<input type="checkbox"/>] Other [<input type="checkbox"/>]
Credit Card Issuing Bank:	
Credit Card Number:	
Enter CVC Number:	(Last 3 digits on back of card or 4 digits on front)
Expiration Date:	
Billing Information:	
Your Name:	
Address:	
City, State, Zip Code	
Phone #	
Please select one of the following payment options:	
Once: [<input type="checkbox"/>] Amount:	Please bill my credit card or bank account once and apply it to my pledge balance.
Monthly: [<input type="checkbox"/>] Amount:	Please bill my credit card or bank account monthly and apply it to my pledge balance.
Once: [<input type="checkbox"/>] Amount:	Please bill my credit card or bank account for a one-time charge to St. Patrick's Church for the purpose of :

Undersigned authorizes St. Patrick's Episcopal Church to charge to the credit card or bank account in the amount and frequency specified above. I may cancel this authorization at any time or change the amount of contribution by notifying St. Patrick's Church in writing at One Church Rd. Thousand Oaks, CA 91362, or by email to stpatschurch.org. St. Patrick's Church may also sever this agreement at any time by notifying the parishioner in writing.

Authorized Signature _____ Date _____