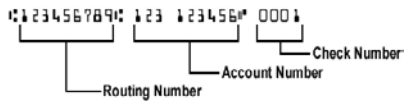


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AUTHORIZATION FORM

Organization Name: Congregation of Holy Cross, United States Province, Inc.

FOR OFFICE USE ONLY	DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
MONTHLY PAYMENT: Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other ____ Date of first payment: ____/____/____ Amount of monthly payment: \$ ____		
GIFT DESIGNATION: Please designate my recurring gift for: <input type="checkbox"/> Greatest Needs of Holy Cross <input type="checkbox"/> Education and Formation of Holy Cross Seminarians, Priests and Brothers <input type="checkbox"/> Care of Elderly and Retired Religious <input type="checkbox"/> International Missions		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization 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: _____	

If using a checking account, please attach a voided check to the bottom of this page.