

St. Madeleine Sophie Church
PLEDGE PAYMENT FORM
for In-Parish/Matrix Tuition Discount

ID# _____

Parishioner Name: _____

Mailing Address: _____

City: _____ Zip: _____

Phone: _____ [] Home [] Cell

Email: _____

Dollar Amount

if Monthly (select one)

STEWARDSHIP \$ _____ [] Annual [] Weekly or [] MONTHLY on the ()5th or the ()20th

[] NON-AUTOMATIC OPTION (I will make contributions by check, cash, or offertory envelopes

[] I would like monthly offertory envelopes mailed to me

CREDIT CARD – Do not complete this section if using your checking or savings account.

Accepted forms of payment



Credit Card Number _____ Exp. Date ____/____

or (initial here) _____ Please continue to use my credit card information you have on file.

CHECKING/SAVINGS ACCOUNT – Do not complete this section if using your credit card.

Please debit my contributions from my : [] Checking Account [] Savings Account

[] Attached is my voided check

or (initial here) _____ Please continue using my bank information you have on file.

I (we) hereby authorize **St. Madeleine Sophie Church** (hereafter the "Church") to initiate debit/credit entries from my (our) account as indicated above. I (we) acknowledge that the origination of debit/credit transactions to my (our) account must comply with the provisions of U.S. law. I (we) understand that this authorization is to remain in full force and effect until I (we) give written notification to the Church of its termination in such time and manner as to give the Church and the depository institution a reasonable opportunity to act on it. (5 business day's notice)

Signed _____ Date _____