

St Peter Catholic Parish
 3520 E 18th Avenue ~ Spokane WA 99223
 509.534.2227 ext. 234

CREDIT CARD AUTHORIZATION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

I (we) authorize St. Peter to charge the amounts listed below for the purpose of donating my (our) monthly church contributions. I (we) understand that St. Peter will have no other access to my (our) banking records. This authority is good until St. Peter Catholic Parish has received notification from me of its termination in such manner as to afford St. Peter Catholic Parish a reasonable opportunity to act on it.

Please fill in the information below and write the **Amounts** next to the category. The amount will be charged on the 15th of the month. I (we) understand that if the day upon which I (we) have authorized the withdrawal is not a banking day, the withdrawal will be made on the next available banking day.

Category	
PARISH CONTRIBUTION	\$
BUILDING FUND	\$
ST PETER OUTREACH FUND	\$
MONTHLY TOTAL	\$

Credit Card Information



Card Number

Expiration Date /

Signature _____ Date _____