



**Saint Anthony of Padua Catholic Church**  
 3305 Glen Carlyn Road • Falls Church, VA 22041 • Tel. (703) 820-7111

## Credit Card Donation Authorization

### Parishioner Information (please print clearly)

Name <i>(as on credit card)</i>			
Address			
City			
State & ZIP Code			
Telephone			
E-Mail			
Donation Amount:	\$		
Day of the month for donation:	3 <sup>rd</sup> _____	15 <sup>th</sup> _____	25 <sup>th</sup> _____

Credit card type	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	
Credit card number			
Expiration date		CID	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## I want to participate in monthly eGiving

I hereby authorize St. Anthony of Padua Parish to debit my account:    \_\_\_ checking    \_\_\_ Saving

Bank name:			
Routing Number:			
Account Number:			
Name of Account Holder:			
Address of Account Holder:			
Donation Amount:	\$		
Day of the Month for Donation:	3 <sup>rd</sup> _____	15 <sup>th</sup> _____	25 <sup>th</sup> _____
Date of First donation:			

I understand that St. Anthony of Padua Church will withdraw funds directly from my bank account on the day indicated above. I understand that these donations will continue until I notify the office to change or discontinue them. **(Please attached a voided check.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Parish Office Use Only**

Date entered: \_\_\_\_\_ PDS ID: \_\_\_\_\_ By: \_\_\_\_\_