



Holy Rosary Parish
 4139 42nd Ave. SW
 Seattle, WA 98116

AUTHORIZATION FORM

ES2145

Date: _____	Envelope # _____	Effective Date: _____
Name: _____ Address: _____ Zip: _____ Email: _____		<input type="checkbox"/> New Authorization <input type="checkbox"/> Change in Amount <input type="checkbox"/> Change Account
Regular Contribution: <input type="checkbox"/> Weekly (transferred on Mondays) <input type="checkbox"/> Semimonthly (transferred on the 1 st & 15 th) <input type="checkbox"/> Monthly (transferred on the 1 st) <input type="checkbox"/> Monthly (transferred on the 15 th) <input type="checkbox"/> Quarterly (transferred on the 1 st -- Jan, Apr, Jul, Oct) General Tithe \$ _____ Capital Campaign \$ _____ Fr. Mallahan Endowment \$ _____ School Annual Fund \$ _____ Flowers \$ _____ Total Monthly Contribution \$ _____	Holy Days: <input type="checkbox"/> Solemnity of Mary (Jan 1) \$ _____ <input type="checkbox"/> Easter Offering (Apr 1) \$ _____ <input type="checkbox"/> Ascension (May 15) \$ _____ <input type="checkbox"/> Assumption (Aug 15) \$ _____ <input type="checkbox"/> All Saints (Nov 1) \$ _____ <input type="checkbox"/> All Souls (Nov 1) \$ _____ <input type="checkbox"/> Thanksgiving (Nov 15) \$ _____ <input type="checkbox"/> Immaculate Conception (Dec 1) \$ _____ <input type="checkbox"/> Christmas (Dec 15) \$ _____	Special Contributions: <input type="checkbox"/> Bishop's Appeal (Mar 1) \$ _____ <input type="checkbox"/> Mother's Day Novena (May 1) \$ _____ <input type="checkbox"/> Father's Day Novena (Jun 1) \$ _____ <input type="checkbox"/> Peter's Pence (Jun 15) \$ _____ <input type="checkbox"/> Build Hope (Sep 1) \$ _____ <input type="checkbox"/> Religious Education (Sep 15) \$ _____ <input type="checkbox"/> Mission Sunday (Oct 15) \$ _____
<input type="checkbox"/> Pay with Checking (must attach a voided check) <input type="checkbox"/> Savings Account (must attach a savings deposit slip) I authorize Holy Rosary Parish to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.		<input type="checkbox"/> Pay with Credit Card Credit Card #: _____ Expiration Date: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Year Billing Zip Code </div>
_____ Authorized Signature		_____ Print Name of Cardholder
_____ Date		_____ Signature of Cardholder