

**IF YOU ARE INTERESTED IN ONE OF THESE PAYMENT OPTIONS,  
PLEASE COMPLETE AND RETURN IN YOUR CONTRIBUTION ENVELOPE.**

**SUREPAY AUTHORIZATION AGREEMENT**

I (we) hereby authorize Our Lady of Perpetual Help Parish Community to initiate debit entries to my (our) checking account. This authority remains in effect until Our Lady of Perpetual Help has received written notification from me (or either of us) of its termination. My contribution in the amount of \$\_\_\_\_\_ will be withdrawn on the 5<sup>th</sup> and 20<sup>th</sup> of each month, becoming effective upon receipt of this agreement.

Name(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK**

**CREDIT CARD AUTHORIZATION**

I hereby authorize Our Lady of Perpetual Help Parish Community to charge my credit card. This authority remains in effect until Our Lady of Perpetual Help has received written notification from me of its termination. Your contribution in the amount of \$\_\_\_\_\_ will be charged to your account on the 5<sup>th</sup> of each month, becoming effective upon receipt of this agreement.

Name as it appears on the credit card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Check Card Type: American Express  Master Card  Visa

Signature: \_\_\_\_\_ Date: \_\_\_\_\_