



**St. Rita Catholic Church**

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[www.strita.org](http://www.strita.org) [strita@strita.org](mailto:strita@strita.org)

**Authorization form for Checking, Savings or Credit Card Withdrawals**

**Print Carefully Please**

Name: \_\_\_\_\_  
(exactly as it appears on your account)

Street: \_\_\_\_\_  
(exactly as it appears on your account)

City/State/Zip: \_\_\_\_\_  
(exactly as it appears on your account)

Phone number associated with your account (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please enter amount to be deducted from your account:

\$ \_\_\_\_\_ Weekly (Transferred every Monday)

\$ \_\_\_\_\_ Monthly (The 10<sup>th</sup> or 20<sup>th</sup> or 30<sup>th</sup> *Circle one*)

Begin electronic contributions on this date: \_\_\_\_\_

VISA       Mastercard       Discover       American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code where credit card statement is mailed: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Type of Account: Please circle one

Checking Acct . . . . Please attach a **voided** check

Savings Acct . . . . Please attach a **savings deposit** slip

I authorize St. Rita Catholic Church to process entries from my checking, savings or credit card as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on account: \_\_\_\_\_

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

*If you have any questions, please call Mrs. Etta Ohrt @ 445-7141 ext 210.*