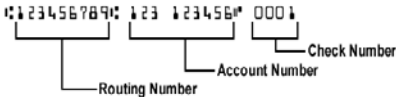


AUTHORIZATION FORM

Name of the organization: **Catholic Diocese of Wichita**

FOR OFFICE USE ONLY	CONSTITUENT ID #													
Effective date of authorization: ____/____/____														
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation														
Last Name	First Name													
Address														
City	State	Zip												
Email Address														
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st (Jan, April, July, Oct)	FUNDS: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Serra Monsignor McGread Seminary Education Endowment</td> <td style="text-align:right">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> The Lords Diner</td> <td style="text-align:right">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> The Drexel Fund (fbo _____)</td> <td style="text-align:right">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Guadalupe Clinic, Inc.</td> <td style="text-align:right">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Seminarian Education</td> <td style="text-align:right">\$ _____</td> </tr> <tr> <td style="text-align:right">Total</td> <td style="text-align:right">\$ _____</td> </tr> </table>	<input type="checkbox"/> Serra Monsignor McGread Seminary Education Endowment	\$ _____	<input type="checkbox"/> The Lords Diner	\$ _____	<input type="checkbox"/> The Drexel Fund (fbo _____)	\$ _____	<input type="checkbox"/> Guadalupe Clinic, Inc.	\$ _____	<input type="checkbox"/> Seminarian Education	\$ _____	Total	\$ _____
	<input type="checkbox"/> Serra Monsignor McGread Seminary Education Endowment	\$ _____												
<input type="checkbox"/> The Lords Diner	\$ _____													
<input type="checkbox"/> The Drexel Fund (fbo _____)	\$ _____													
<input type="checkbox"/> Guadalupe Clinic, Inc.	\$ _____													
<input type="checkbox"/> Seminarian Education	\$ _____													
Total	\$ _____													
SPECIAL INSTRUCTIONS:														
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 												
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.													
	Authorized Signature: _____ Date: _____													

Please attach a voided check at the bottom of this page.