

**John Paul II Newman Center
Living Faith Society
Automatic Contribution Authorization Form**

FOR OFFICE USE ONLY

Date Received _____

Date Entered PP _____

Date Entered BB _____

CONTACT INFO

Name:

Address:

City, State, Zip:

Email:

Home Phone:

Cell Phone:

Graduation Year:

MONTHLY GIFT INFO

Gift Amount:

\$ _____ per month
(\$10.00 minimum)

Recurring monthly gifts are drafted on the 5th of the month or the following business day after the 5th in the case of the 5th falling on a weekend or holiday. ParishPay sends out monthly email reminders to let you know about the deduction.

AUTHORIZATION

I authorize the John Paul II Newman Center to process this gift using ParishPay until otherwise instructed.

Signature:

PAYMENT OPTIONS

Checking Account:

Bank: _____

Routing#: _____

Account#: _____

OR

VOIDED CHECK ATTACHED

Credit Card:

- Visa
- MasterCard
- American Express
- Discover

Exp. Date: ____/____

Please return form to:

John Paul II Newman Center • 700 S Morgan St. • Chicago, IL 60607