

St. Albert the Great Catholic Parish
Pre-authorized Credit Card Payment Agreement

Please complete all sections below to authorize St Albert the Great Catholic Parish to initiate pre-authorized payments from your credit card for donations to St. Albert the Great Parish.

Credit Card Information

Accountholder name: _____ Envelope # _____

Address: _____

Phone: _____ Email: _____

Credit Card type: (Visa / MC) Account #: _____

Expiry Date: _____

Monthly collection instructions

I authorize St. Albert the Great Catholic Parish to charge my credit card account for the following amount \$_____ on the first banking day on or after the 1st of the month commencing _____, 20____.

Parish Operations & Programs	\$
Building Fund	\$
Together in Action	\$
Total	\$

Special collection instructions

In addition to the monthly collection amount, please debit from my account the additional specified collections as indicated below on the first banking day on or after the 1st of the month indicated.

Mary the Mother of God (New Year's Day)	January	\$
Together In Action (TIA)	March	\$
The Church in the Holy Land (Good Friday)	April	\$
Continuing Support & Education for Priests & Seminarians	May	\$
Collection for the Pope's Pastoral Work	May	\$
Evangelization of the Nations (Mission Sunday)	October	\$
Catholic Education Sunday	November	\$
Mission Mexico	December	\$
Christmas	December	\$

Authorization

I understand that I can change or cancel my pre-authorized credit card payment at any time by notifying the parish office with 30 days notice. I have certain rights if any charge does not comply with this agreement. For example, I have the right to receive reimbursement for any charge that is not authorized or is not consistent with this agreement.

I understand that St. Albert the Great Parish reserves the right to terminate this agreement or my participation therein at any time.

Signature of accountholder: _____ **Date:** _____