

# AUTHORIZATION FORM

Your Name: \_\_\_\_\_  
*Inspiring secure giving*

St. John the Baptist Parish  
 444 St. John Street  
 Pittsburgh, PA 15239

For Online Enrollment  
 Use Church Code:

ES13147

Please circle Weekly or Monthly:

Offertory gift: Weekly / Monthly \$ \_\_\_\_\_

You may also choose to give to the following second and special collections. The amount indicated will be debited in the month listed as part of the regular monthly transaction.

**REGULARLY OCCURRING PARISH SECOND COLLECTIONS:**

- |                                                        |          |           |          |          |          |          |          |          |
|--------------------------------------------------------|----------|-----------|----------|----------|----------|----------|----------|----------|
| <input type="checkbox"/> Capital Improvement (monthly) | \$ _____ | January   | \$ _____ | February | \$ _____ | March    | \$ _____ | April    |
|                                                        | \$ _____ | May       | \$ _____ | June     | \$ _____ | July     | \$ _____ | August   |
|                                                        | \$ _____ | September | \$ _____ | October  | \$ _____ | November | \$ _____ | December |
| <input type="checkbox"/> Fuel Subsidy                  | \$ _____ | December  | \$ _____ | January  | \$ _____ | February |          |          |
| <input type="checkbox"/> Parish Social Ministry (2010) | \$ _____ | January   | \$ _____ | March    | \$ _____ | May      | \$ _____ | August   |
|                                                        | \$ _____ | November  |          |          |          |          |          |          |

**SPECIAL COLLECTIONS**

- |                                                                                                              |          |                |
|--------------------------------------------------------------------------------------------------------------|----------|----------------|
| <input type="checkbox"/> Parish Share                                                                        | \$ _____ | <b>Monthly</b> |
| <input type="checkbox"/> Solemnity of Mary                                                                   | \$ _____ | January        |
| <input type="checkbox"/> St. Anthony School Programs / DePaul School for Hearing & Speech                    | \$ _____ | January        |
| <input type="checkbox"/> Ash Wednesday                                                                       | \$ _____ | February       |
| <input type="checkbox"/> Easter Flowers *                                                                    | \$ _____ | February       |
| <input type="checkbox"/> Catholic Camp. for Human Dev. / Home Missions / Natl. Collection for Black & Indian | \$ _____ | March          |
| <input type="checkbox"/> Good Friday / Holy Land                                                             | \$ _____ | April          |
| <input type="checkbox"/> Easter Sunday (additional gift)                                                     | \$ _____ | April          |
| <input type="checkbox"/> Catholic Relief Services / Church in Cent. & East. Europe, Latin America & Africa   | \$ _____ | May            |

**SPECIAL COLLECTIONS (cont.)**

- |                                                                   |          |           |
|-------------------------------------------------------------------|----------|-----------|
| <input type="checkbox"/> Ascension                                | \$ _____ | May       |
| <input type="checkbox"/> Peter's Pence                            | \$ _____ | June      |
| <input type="checkbox"/> Assumption                               | \$ _____ | August    |
| <input type="checkbox"/> Bishop's Education Fund                  | \$ _____ | September |
| <input type="checkbox"/> World Mission Sunday                     | \$ _____ | October   |
| <input type="checkbox"/> All Saints                               | \$ _____ | November  |
| <input type="checkbox"/> All Souls                                | \$ _____ | November  |
| <input type="checkbox"/> Retirement Fund for Religious            | \$ _____ | November  |
| <input type="checkbox"/> Christmas Flowers*                       | \$ _____ | December  |
| <input type="checkbox"/> Immaculate Conception                    | \$ _____ | December  |
| <input type="checkbox"/> Christmas Charities for Children & Youth | \$ _____ | December  |
| <input type="checkbox"/> Christmas                                | \$ _____ | December  |

\* Please notify the church of the names of your intentions for these collections.

Parishioner Name(s): (please print) \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Church Envelope #:**

\_\_\_\_\_

**FOR DIRECT DEBIT GIFTS FROM BANK ACCOUNT:**

Account Type (check one):

- Checking Account (attach a voided check below)  
 Savings Account (contact your financial institution for Routing #)

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

**FOR CREDIT OR DEBIT CARD GIFTS:**

Type of Card (check one):  Visa  MasterCard  American Express  Discover Card

Credit/Debit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name as Appears on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I authorize St. John the Baptist Parish and Vanco Services to process debit entries to my bank account or credit/debit card as stated above. I understand that a record of my gift s will appear on my bank statement or credit card statement and my transfers will begin next month. I understand that I can increase, decrease or suspend my giving by contacting Ginger Vannucci in the business office at 412-793-4511.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_