

EMMAUS CATHOLIC PARISH/QUEEN OF ANGELS CHAPEL

1718 LOHMANS CROSSING ROAD, LAKEWAY, TX 78734

PHONE (512) 261-8500 FAX (512) 261-8200

SEED ELECTRONIC PAYMENT AUTHORIZATION FORM

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE ENTERED/INITIALS
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Draft Date: 15th of every month

Type of authorization:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change amount
<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic withdraw

Delivery Preference: Mailed Picked up at office or Mass

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ | Phone Number _____

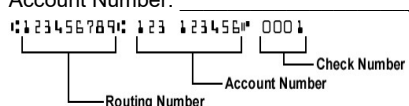
DATE OF FIRST DRAFT:

____ / ____ 15 ____ / ____

Note: Your SEED card selection should represent a monthly total. Bank drafts will occur on the 15th of the month. Your cards will be ready at the following weekend Mass, at the office, or through the mail as designated above.

- Please remember to notify Emmaus in the event you change your bank account. This notification must be at least 5 business days in advance of your next draft.
- An increase, decrease, or cancellation of your automatic payment will need to be communicated by email or written notification 5 business days prior to your next draft.

Retailer	Denomination	Monthly Order Quantity	Total Monthly \$
Amazon	\$25		\$
Amazon	\$100		\$
Barnes & Noble	\$25		\$
Bath & Body Works	\$10		\$
Chili's	\$25		\$
Cinemark	\$25		\$
Dillard's	\$25		\$
HEB/Central Market	\$20		\$
HEB/Central Market	\$50		\$
HEB/Central Market	\$100		\$
Home Depot	\$25		\$
Home Depot	\$100		\$
Lowe's	\$25		\$
Lowe's	\$100		\$
Panera Bread	\$10		\$
Papa Murphy's	\$10		\$
Randalls	\$20		\$
Randalls	\$50		\$
Randalls	\$100		\$
Starbucks	\$10		\$
Starbucks	\$25		\$
Target	\$25		\$
Target	\$100		\$
Walmart	\$25		\$
Walmart	\$100		\$
Whole Foods	\$25		\$
Whole Foods	\$100		\$
Monthly Grand Total:			\$

CHECKING / SAVINGS	Please debit my SEED order from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (Please attach a voided check)	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: _____	