

St. Edith Stein Catholic Community

3311 N. Fry Road, Katy, TX 77449 281.492.7500

Authorization for Recurring Billing

Name: _____ Envelope Number: _____

Home Address (Street Address, City, State, Zip Code):

Email Address: _____

Home Telephone Number: _____

Amount: \$ _____

Starting Date: ____/____/_____

Frequency (select one): Every Sunday 1st of each month 15th of each month

Payment Option 1: Recurring Bank Debit (ACH)

Depository Bank Name: _____

Branch (City, State, Zip): _____

Routing Number (9 digits): _____

Checking Account Number: _____

_____ I hereby authorize St. Edith Stein to initiate a debit to my checking account at the financial
(Init) institution named above, in the amount and frequency indicated above.

Payment Option 2: Recurring Credit Card Billing

Type of Card (Select One): Visa MasterCard American Express Discover

Account Number: _____ Expiration Date: _____

Billing Address (Street Address, City, State, Zip Code):

_____ I hereby authorize St Edith Stein to initiate a charge to my credit card in the amount and
(Init) frequency indicated above.

Signature: _____

Date: _____

The specific debit/charge to my account authorized herein may only post on or after the STARTING DATE listed above. I may only revoke this transaction by contacting St. Edith Stein directly at the address and phone number listed above.