

**St. Mary of the Nativity
1 Kent Street Scituate, MA 02066**

Religious Education Tuition EFT Authorization From for Checking, Savings or Credit Card

Please Print

Name on Acct: _____

Street: _____

City/State/Zip: _____

Daytime Telephone Number: (_____) _____ - _____.

Indicate the amount to be deducted from your account or charged to your credit card: _____

Type of Account: Please circle one:

Checking Account.....Please attach a voided check.

Savings AccountPlease attach a savings deposit slip.

Credit Card Account.....Please circle one:

Visa Mastercard American Express

Credit Card Number: _____

Expiration Date: _____

Zip Code where your credit card statement is sent: _____

I authorize St. Mary of the Nativity to process debit entries from my checking, savings or credit card as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on account: _____

Date: _____