

ELECTRONIC CONTRIBUTION AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____

WITHDRAW PAYMENT OF \$ _____

MONTHLY (2nd MONDAY)

SEMIMONTHLY (2nd and 4th Monday)

CONTRIBUTION START DATE _____ END DATE _____

FINANCIAL INSTITUTION/BRANCH: _____

ADDRESS: _____

NAME ON ACCOUNT: _____

ADDRESS IF DIFFERENT: _____

CITY, STATE, ZIP: _____

ROUTING #: _____

ACCOUNT# _____

I authorize The Church of St. Mary's to automatically debit my checking or savings account as noted on this card. I understand that this automatic debit will continue until I give reasonable notification to change or terminate this authorization. I also understand that I am responsible for ensuring the necessary funds are available at the time the debit occurs. I may revoke this automatic payment authorization at any time with thirty (30) days written notice to The Church of St. Mary's.

AUTHORIZED SIGNATURE ON ACCOUNT

DATE

**IMPORTANT: PLEASE COMPLETE ALL INFORMATION AND
INCLUDE A BLANK VOIDED CHECK OR SAVINGS DEPOSIT SLIP.**

Notes:

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