One In Faith
755 Kraft Drive SE
Melrose, MN 56352

Office: 320.256.4207
oif@stmarysofmelrose.com

Date_____

Your Parish Name_____

I (we) authorize the above **named Parish** to initiate debit entries for my (our) FINANCIAL CHURCH SUPPORT from my (our):

Checking Account / Savings Account (circle one).

Dollar Amount: $_____ monthly (15th of each month)

OR

Dollar Amount: $_____ semi-monthly (15th & 29th of each month)

Financial Institution Name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing number: _____

Account number: _____

Would you like to continue receiving contribution envelopes? Yes OR No* (circle one)

*If you choose not to receive envelopes, please keep other collections in mind such as cemetery, maintenance, fuel, school, and Holy Days, when deciding on your EFT contribution amount.

This authorization is to remain in full force and effect until the above **named Parish** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the respective Church and Freeport State Bank a reasonable opportunity to act on it.

Name(s): _____
(please print clearly)

Signature(s): _____

Please include a VOIDED check with this application. Please return this signed form to the parish office, 755 Kraft Dr SE, Melrose, MN, 56352. If you have any questions, call the parish office at 320-256-4207.
