Authorization for Electronic Withdrawal of Funds for Donation to St. Mary of Czestochowa Parish

Office use only
Envelope #
Date

Processing information (please check one)				
□ New Authorization				
☐ Change contribution amount				
 □ Change contribution frequency □ Change financial institution and/or account □ Discontinue electronic contribution 				
			Parishioner information	
			Name:	
Address:				
City, State, Zip:				
Phone:				
Sunday Offertory Contribution Frequency	y and Amount:			
Amount: Frequency (check	one):			
☐ Weekly				
Monthly				
Account Type (check one):				
□ Checking Account	□ Savings Account			
(please attach a voided check)	(please attach a voided savings deposit slip)			
Routing #:	Account #:			
•	to process debit entries to my account for regular contribu-			
remain in effect until I give reasonable notifi	voided check or savings deposit slip. This authority will cation to terminate this authorization.			
Authorized signature on my account	nt Date			