

Authorization for Electronic Withdrawal of Funds for Donations to St. Edmund Parish

Office use only: Envelope # _____ Date _____
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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: _____

Sunday Offertory Contribution Frequency and Amount

<u>Amount</u>	Frequency (check one)
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

Account information

Account Type (check one):	
<input type="checkbox"/> Checking Account (please attach a voided check)	<input type="checkbox"/> Savings Account (please attach a voided savings deposit slip)
Routing #:	Account #:

Effective Date (or Change Date): _____

I authorize St. Edmund Parish to process debit entries to my account for regular contributions for Sunday Offertory. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account	Date
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