

Church of Saint Anne
Automatic Contribution Form

Name _____ **Date** _____

Address _____ **City, State, Zip** _____

Phone number _____

Parishioner Authorization

Effective date _____

_____ **New Authorization** _____ **Change Contribution Amount**

_____ **Change Contribution date** _____ **Change Financial Institution** _____ **Discontinue Contributions**

I/we wish our donations to be transferred to the Church at this time

_____ **Weekly** (transferred on Tuesday)

Amount \$ _____

_____ **Monthly** (transferred on the **7th** of month)

Amount \$ _____

_____ **Monthly** (transferred on **22nd** of month)

Amount \$ _____

_____ **Bi-monthly** (transferred on **7th** & **22nd**)

Amount \$ _____

I would also like to donate on the **Holy Days** of the church Amount \$ _____

Please take my contribution directly from the account specified:

Checking _____ **(attach a voided check)**

Savings _____ **(attach a savings deposit slip)**

Routing # _____

Account # _____

I/we authorize the Church of Saint Anne to process debit entries to my account. 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 the account _____ Date _____