

# St. Patrick's Automatic Donation Program

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Please circle one:      New      Change      Cancel

Name on Account (please print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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Envelope # \_\_\_\_\_ Monthly contributions are to begin (date): \_\_\_\_\_

Please take out the following stewardship amount \$ \_\_\_\_\_ (on the 20<sup>th</sup> of each month) from my account.

Please circle one:      Checking      Savings

Name of Financial Institution: \_\_\_\_\_

Address & Branch: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby authorize **St. Patrick's Church** to initiate debit entries for monthly contributions and to initiate, if necessary credit entries and adjustments for any debit entries in error to my account at the financial institution named below.

This agreement will remain in effect until **St. Patrick's Church** receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to St. Patrick's Business Office.

**X**

\_\_\_\_\_  
Authorized signature on my account:

\_\_\_\_\_  
Date:

***Attach voided check or savings deposit slip***

**Office use only**

Date received: \_\_\_\_\_ Date entered: \_\_\_\_\_