

St. Elizabeth Seton Catholic Church

Automatic Withdrawal for Sunday Collection Checking/Savings Account Authorization Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

AMOUNT OF CONTRIBUTION:

Weekly

Church regular collection: \$ _____

Maintenance Fund: \$ _____

St. Procopius: \$ _____

Current fundraising campaign (if any): \$ _____

WEEKLY TOTAL \$ _____

I would like my account debited (circle one): Weekly Monthly

- Weekly withdrawals will occur every Wednesday
- Monthly withdrawals will occur on the 15th (or the next business day if the 15th falls on a weekend or holiday)

Plus, take an additional amount out for these special days:

Ash Wednesday \$ _____ Easter \$ _____

May-Ascension \$ _____ August-Assumption \$ _____

November-All Souls \$ _____ December- Immaculate
Conception \$ _____

December- Christmas \$ _____

January-New Years \$ _____

DATE TO BEGIN WITHDRAWALS: _____

CHECKING/SAVINGS ACCOUNT AUTHORIZATION:

Name of Financial Institution: _____

Please enclose a voided check from your account, or provide:

Checking/Savings Acc't. Number: _____

Bank Routing Number: _____

By my signature below, I authorize St. Elizabeth Seton Catholic Church to deduct the above amount from my checking or savings account. If I elect to change my pledge or discontinue the automatic withdrawal program, I will notify the parish office in writing.

Signature: _____ Date: _____