

St. Mark's Congregation

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AUTOMATIC CHURCH DONATION PAYMENT

I hereby authorize St. Mark Parish, through its processor, to initiate electronic transfer of funds from my account at the financial institution I use to St. Mark Parish. I understand that if I should have insufficient funds on the date of transfer that event is treated just like a check with insufficient funds and I will be liable for all charges that result. St. Mark Parish is not responsible if the transfer of funds causes checks on my account to be returned due to insufficient funds. I understand that I am solely responsible to keep my financial institution account in good order.

Financial Institution: _____

Account Number: _____ Checking: ____ Savings: ____

Routing/Transit number (Must be 9 digits) _____

PLEASE ATTACH A VOIDED COPY OF YOUR CHECK OR SAVINGS ACCOUNT STATEMENT

Day of the month for transfer to take place: (Please choose one) 1st __ 15th __

Starting date: _____ Amount: _____

Purpose of Transfer: Church Donation

If the day of the week chosen is a weekend or legal holiday, the transfer will take place on the next business day.

Authorized by: _____

Please note that in the event I need to cancel this authorization, St. Mark Parish needs it in writing with at least 10 days advance notice.