

YES! I'D LIKE TO SIGN UP FOR ELECTRONIC CONTRIBUTION.

(For office use only) **START UP DATE** _____

Parish: St. Stanislaus, St. Paul

Name of Member (Please Print) _____
Last Name First Name

Street Address _____

City _____ **State** _____ **Zip** _____

Email Address: _____

Member Authorization Form

Inception Date _____ **New Authorization** **Change Financial Institution Account**

Change Contribution Amount **Change Contribution Date** **Discontinue Electronic Contribution**

Regular Contributions

Weekly (Transferred on Thursday)
Amount per transfer \$ _____

Semi-monthly (Transferred on 5th and 20th)
Amount per transfer \$ _____

Monthly (Transferred 5th or 20th)
(circle one)
Amount per transfer \$ _____

Special Contributions

Please make the following contributions by check or cash.

Youth

Christmas (Do you still want to get envelopes?)
Yes No

Easter

Other

Please take my contribution directly from the account specified:

Checking Account (attach a voided check)

Savings Account/Money Market Account (attach a voided savings deposit slip)

Bank Name _____

Account Number _____ **Financial Institution Routing Number:** _____
Between these symbols I: I: on the bottom left of your check)

I authorize St. Stanislaus Church to process debit entries to my account. I have attached a voided check or savings/money market deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. Notice must be received by three (3) business days prior to transfer date.

Authorized signature on my account:

Date _____

Received and recorded by: _____

Following recording, a copy of this form will be returned to sender with start-up date. (See above)