

PARISHIONER AUTHORIZATION FORM – DIRECT DEBIT (ACH PAYMENTS)

Name of Parishioner (Please Print)		Envelope #
Address		Phone
City	State	Zip
Email Address		Work Phone

SUNDAY COLLECTION \$ _____ per month

SPECIAL COLLECTIONS*

SECOND COLLECTION

Parish Education \$ _____ per month

Sharing \$ _____ per month

Easter \$ _____

Christmas \$ _____

Monthly (Check one)
(Transferred on either the 1st or the 15th of each month)

Annually (Transferred December 1st)

Please take my contribution directly from the account specified:

Checking **Savings**

Routing # _____ Account # _____

**Funds for special collections will be transferred on the 1st day of the month in which the special collection is taken.*

I authorize St. Michael Parish to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____ Date: _____