

ST. MARY CONGREGATION
312 S. State Street Appleton, WI 54911
Phone 920-739-5119 * Fax 920-739-5111

DIRECT WITHDRAWAL AUTHORIZATION

I authorize St. Mary Congregation and the financial institution named below to initiate deductions to my account by electronic funds transfer. This authorization will remain in effect until revoked by me in writing or by telephone. I also understand that I am responsible for ensuring that the necessary funds are available at the time the debit occurs.

Name Address City, State Zip

Envelope #: _____ Phone (_____) _____

Purpose of Electronic Funds transfer: (complete a separate form for each fund you wish to contribute to via electronic transfer)
General Collection Century II Building St. Mary Endowment

This deduction will occur **monthly** on the first of the month or first business day after the 1st of the month.

Month to start the automatic withdrawal: _____

Check the type of account:

Checking Account Amount \$ _____ (Please attach a blank VOIDED check)

Savings Account Amount \$ _____ (Please check with your bank to ensure your savings account will accept an electronic deduction)

Account Number: _____ Bank Routing Number: _____
(See bottom of page – for location of information on your check)

Financial Institution _____ Phone (_____) _____

Financial Institution Address: _____
Street City State Zip

Signature of Account Owner: _____ Date: _____

Signature of Joint Owner if Applicable: _____ Date: _____

Please mail the completed form to the parish office.

For Share Draft / Checking Account deductions, please attach a blank VOIDED check to the bottom of the page.

Your Name
Your Street
Your City
Pay to the order of _____ \$ _____ Dollars
Memo _____
#####
#####
#####
Routing # Account # Check #