

# St. Monica Parish

## Parishioner Direct Payment Authorization Form

**Instructions:**

1. Complete the parishioner name and address information
2. Designate whether this is a new authorization, change in authorization amount or a change in the account information
3. Select giving frequency and enter a start date (if selecting monthly make sure to check which date you want the transaction made)
4. Designate total giving by indicating a total contribution amount
5. Designate account type, routing number and account number
6. Sign on the authorized signature line
7. If this is a new authorization or a change in account make sure to attach a voided check or savings deposit slip
8. Place your completed form into a sealed envelope marked "Stewardship" and return it to the parish office

If you have any questions about the Direct Payment Program or this form please call the parish office at 332-1576 for additional information.

Parishioner Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

**New Authorization**

**Change in Authorization Amount**

**Change in Account Info**

**FREQUENCY**

- Monthly *(will be transferred on either the 5th or the 20th of each month - Indicate choice of date below)*
- Transfer on the 5th
- Transfer on the 20th

**Start Date** \_\_\_\_\_ *If no date is filled in, the first transaction will be on the next applicable transfer date*

**Contribution Amount**

\$ \_\_\_\_\_ **Total Contribution Amount for the Month**

**Parish Envelope Number:** \_\_\_\_\_

Please deduct my contribution directly from my:

Checking Account (attach a voided check)

Routing # \_\_\_\_\_

Checking Account # \_\_\_\_\_

**Or**

Savings Account (attach a savings deposit slip)

Routing # \_\_\_\_\_

Savings Account # \_\_\_\_\_

*I authorize St. Monica to process debit entries to my account listed above. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notice to terminate this authorization.*

**Authorized signature on my account** \_\_\_\_\_

**Thank you for your contribution and support of St. Monica Parish!**

**Please remember St. Monica Parish and School in your estate planning.**