
PO Box 8 St. Meinrad, IN 47577
812.357.5533 Fax 812.357.2862
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FINANCIAL STEWARDSHIP – TRANSFER AUTHORIZATION

For my convenience, I authorize St. Boniface Catholic Church
 St. Meinrad Catholic Church

to auto debit my Checking Account

Monthly for \$_____ transfer will occur on the 15th of each month

Bank Name _____

Account Number _____

Bank ABA Routing Number _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile _____

Email _____

Date _____ Name (Printed) _____

Envelope Number _____ Signature _____

Attach a Deposit Slip to this Document

Revised January 2015