

AUTHORIZATION FORM FOR AUTOMATIC DEPOSIT OF OFFERINGS

Your Name: _____

Address: _____

City, State and Zip: _____

Contact Telephone #: _____

Email Address: _____

Your Parish envelope number: _____

Name of the Bank or Credit Union: _____

Bank Routing-Transit Number (the first set of #'s at bottom of check): _____

Your Checking Account Number: _____

OR

Your Saving Account Number: _____

Amount & Frequency Desired:

Please Check the appropriate Box for Weekly or Monthly

_____ MONTHLY = On the 5th of the month.

Amount Desired = \$ _____ / Month

_____ WEEKLY = every Monday

Amount Desired = \$ _____ / Week

Please note: You will receive collection envelopes for Holy Days and 2nd Collections by mail unless you contact the Front Office.

I (or WE) authorize Saint Catherine of Siena Church to deduct my offering in the amount specified above. I/WE understand that we can change the amount of this offering any time provided we give the Parish two-weeks advance notice in writing.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Mail to address below and specify "Accounting". For your own security, do not email or fax.