



AUTOMATIC WITHDRAWAL ENROLLMENT FORM



The Church of Saint Ann
1253 Lawrence Road
Lawrenceville, NJ 08648

I would like to enroll in automatic withdrawals (ACH) for my weekly contributions. I understand my total monthly contribution amount will be directly transferred from my checking account on the 5th of the month or the next business day. I understand I may increase, decrease or suspend my giving by contacting the finance office at (609) 359-9959.

How to calculate monthly contribution:
\$___ per week X 52 weeks ÷ 12 months = \$___ (amount to be debited)

Amount of **Monthly** Contribution to be Debited: \$ _____

Signature: X _____ Date: _____

Parishioner Name (s): (please print) _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

Please return this completed form and a copy of your voided check to the address above or place in the collection basket. If you have any questions, please call Rita Reven at (609) 359-9959 or e-mail to rreven@churchofsaintann.net

I wish to continue to receive offertory envelopes: YES NO (circle one)

