



SAINT PATRICK CATHOLIC CHURCH

1086 North 94th Street Kansas City, KS 66112-1514

(913) 299-3370 • stpatrickkck.org

ACH Authorization Form

Authorization for bank electronic funds transfer to St. Patrick Catholic Church, KCK

I, _____, authorize St. Patrick Catholic Church to debit
(please print name)

\$ _____ from my account.
(dollar amount)

Weekly on Fridays

Once a month on the: 6th, 15th, or 20th *(circle choice)*

Additional contribution to the **Maintenance Account** \$ _____
monthly on **6th, 15th or 20th** *(circle choice)*

Please **INCREASE** or **DECREASE** my current ACH to this new amount \$ _____
Current contribution is weekly, 6th, 15th or 20th *(circle choice)*

Please **DISCONTINUE** my current ACH effective: _____ *(date)*

Signature

Phone

Email

Print

Date

Envelope #

Please attach your check marked "Void"

Name of Bank _____ Checking or Savings *(please circle)*

Routing # _____ Account # _____

Please call or email Laura Haeusser at the St Patrick Business office with questions 913-299-3370.
Return the completed form to the Church office or by email lhaeusser@stpatrickkck.org.

Thank you for your generosity in making our Parish & its ministries stronger!