



Divine Mercy Catholic Authorization/Change Form for Electronic Contributions

Name:		Envelope Number:
Address:		Phone:
City:	State:	Zip:
Email Address:		

Start/Change effective date: _____ *(please check all that apply below)*

- New Authorization
 Change Contribution Amount
 Discontinue Electronic Contribution
 Change Financial Institution
 Change Contribution Date
 * Signature required on below

FUND	AMOUNT	FREQUENCY	TRANSFER
Contribution	\$	Monthly	<input type="checkbox"/> 5 th or <input type="checkbox"/> 20 th
Contribution	\$	Semi-Monthly	Taken out the 5 th and 20 th
Solemnity of Mary	\$	Once a Year	Transfers January 1
St. Vincent de Paul	\$	Once a Year	Transfers January 1
St. Vincent de Paul	\$	Ash Wednesday	February 15
St. Vincent de Paul	\$	Good Friday	March 15
St. Vincent de Paul	\$	Thanksgiving	November 15
Easter	\$	Once a Year	Transfers April 1
St. Stephen Ministry Fund	\$	Once a Year	Transfers June 1
All Saints Day	\$	Once a Year	Transfers November 1
Immaculate Conception	\$	Once a Year	Transfers December 1
Christmas	\$	Once a Year	Transfers December 15
Capital Campaign (New Education Center)	\$	Monthly	<input type="checkbox"/> 5 th or <input type="checkbox"/> 20 th
Capital Campaign (New Education Center)	\$	Semi-Monthly	Taken out the 5 th and 20 th

Please take my contributions indicated on above directly from the account specified below:	
<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach savings deposit slip)	
Bank Routing Number:	Account Number:
I authorize Divine Mercy Catholic Church and State Bank of Faribault to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.	
Authorized signature on Account:	Date: