

St. Ann Catholic Church

7231 Mission Road
Prairie Village, KS 66208

Electronic Giving Authorization Agreement for Automatic Payments

New Enrollment

Update/Change

Amount Only

Account Only

Both Amount & Account

Name	
Address	
City, State & Zip Code	
Home Phone Number	
Parish Envelope Number	

I (we) hereby authorize **St. Ann, on the 15th of each month**, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my (our) checking, savings, money market account indicated below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Name			
Branch			
City, State and Zip			
Transit Routing Number			
Account Number			
Spirit of Giving Monthly Amt.	\$	Beginning in the month of:	
Capital Fund Monthly Amt.	\$	Beginning in the month of::	

This authority is to remain in full force and effect until **St. Ann and Depository** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **St. Ann and Depository** a reasonable opportunity to act on it.

Signed: _____ Date: _____

Attach Voided Check Here

A completed form with attached voided check can be mailed to the address above or a completed scanned form with attached voided check can be emailed to: bschafer@stannpv.org