

St. Mary Magdalen Parish
7 Sharpley Road
Wilmington, De 19803
(302)-652-6800
Authorization for Electronic Contribution

Parishioner Name: _____ Envelope Number: _____
Street: _____ City: _____
State: _____ Zip Code: _____

Effective Date: _____
Please check a box

- Start (New Authorization)
- Change contribution amount
- Change contribution date
- Change account # or bank
- Discontinue electronic Contributions
(14 days notice required)

Regular Contribution

Amount: _____

- Weekly
- Monthly (choose) 5th or 20th

If you want to make other arrangement,
please contact the parish office.

Special Contributions Easter (April 1st) Amount: _____
 Christmas (December 15th) Amount: _____

Please take my contribution from my account at:

Bank Name: _____ Routing number: _____

Checking account number: _____ or Savings account #: _____

I hereby authorize St. Mary Magdalen Parish to process debit entries to my account as instructed above. This authorization will remain in effect until I give reasonable notification to modify or terminate this authorization. I understand that if this authorization fails for any reason within my control, I will be charged a \$10 processing fee. I understand that, if the date listed above is a holiday or weekend, the deduction will be made on the next business day.

Authorized signature: _____ Date: _____