St. Mary Congregation

312 S State St. Appleton, WI 54911
Phone 920-739-5119 ✹ FAX 920-739-5111

DIRECT WITHDRAWAL AUTHORIZATION PLAN

I authorize St. Mary Congregation and the financial institution named below to initiate deductions to my account by electronic funds transfer. This authorization will remain in effect until revoked by me in writing or by telephone. I also understand that I am responsible for ensuring that the necessary funds are available at the time the debit occurs.

_____ _____ _____
Name Address City, State Zip

Envelope #: _____ Phone (_____) _____

Purpose of Electronic Funds transfer: (complete a separate form for each fund you wish to contribute to via electronic transfer)
☐ General Collection ☐ Century II Building ☐ St. Mary Bldg. Endowment
☐ Adopt-A-Student

This deduction will occur **monthly** on the first of the month or first business day of the month.

Month to start the automatic withdrawal: _____

Check the type of account:

☐ Checking Account Amount $_____ *(Please attach a blank VOIDED check – see below for routing and account number location on check.)*

☐ Savings Account Amount $ _____ *(Obtain routing number from your bank and indicate account and routing number below.)*

Account Number: _____Bank Routing Number: _____
(See bottom of page – for location of information on your check)

Financial Institution _____ Phone (_____) _____

Financial Institution Address: _____
Street City State Zip

Signature of Account Owner: _____ Date: _____

Signature of Joint Owner if Applicable: _____ Date: _____

Please mail the completed form to the parish office. (Attn: Bookkeeper)

For Share Draft/Checking Account deductions, please tape a blank VOIDED check to the bottom of the page.

Your Name
Your Street
Your City

Pay to order of _____
_____Dollars
YOUR CREDIT UNION OR BANK
Memo_____ _____

###0000 ####0000 ####
Routing # **Account #** **Check #**

5/2013