ST. ALPHONSUS CONGREGATION

AUTOMATIC CONTRIBUTION WITHDRAWAL FORM

I would like to contribute a total of $_____._____ per month to St. Alphonsus Congregation.

Select one:

[ ] Regular Contribution [ ] Our Parish, Our Future Capital Campaign

Please allocate my contribution for ENVELOPE # _____ as instructed below:
(Please note that each will appear as an individual transaction on your account)

MONTHLY CONTRIBUTION $_____._____

I prefer to have my contribution withdrawn from my account on the (please check one):

[ ] 1st of the month (or the next business day if a weekend) OR
[ ] 16th of the month (or the next business day if a weekend); *Capital Campaign donations are withdrawn on the 15th of the month*

I (we) authorize the church through its bank to initiate Automated Clearing House (ACH) debits from my (our) financial institution account, as defined below, to the account of the church.

This authorization is to remain in effect until the parishioner either changes the amount of the contribution or revokes its authorization by providing 30 days written notice of revocation to the church.

It is understood that the parishioner(s) will not be considered in default if for any reason the ACH transaction cannot be completed. The church does reserve the right to remove the parishioner from the ACH system due to rejected transactions at the discretion of the church.

Please attach a blank check marked "VOID" to this form.

Account type:
[ ] Checking [ ] Money Market [ ] Savings

E-Mail Address_____
We will NOT share this information with any group or organization outside of our parish.

BOTH account holders MUST sign this form if your withdrawal is from a joint account.

_____ _____

(1) Account Holder (Please print name) (2) Account Holder (Please print name)

_____ _____

(1) Parishioner signature (authorization) (2) Parishioner signature (authorization)

_____

Date