

AUTOMATIC CONTRIBUTION WITHDRAWAL CHANGE FORM

I am currently participating in the Automatic Contribution Withdrawal Program and need to...

1. **CHANGE** - Change my financial institution, account type, and/or account number
2. **CHANGE** - Change the date of my contribution withdrawal
3. **CHANGE** - Change my contribution amount(s)
4. **CANCEL** - Stop my participation in this program

Please make this change effective as of: _____

(Note: Due to processing time, please allow up to 30 days for all changes to take effect)

Change in Financial Institution, Account Type and/or Account Number

You may change bank accounts by completing the authorization below and attaching a **VOIDED check** or **Bank Specification Sheet** from the new bank account.

Account type: Checking Savings

Change in the Date of Withdrawal

I prefer to have my contribution withdrawn from my account on the (please check one):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

Change in Contribution Amount

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

Please allocate my contribution as instructed below:

(Please note that each will appear as an individual transaction on your account)

MONTHLY OFFERING \$_____

IMPROVEMENT FUND \$_____

Cancel Participation

You may cancel your automatic withdrawal by completing the authorization below.

(1) Account Holder (Please print name)

(2) Account Holder (Please print name)

(1) Parishioner signature (authorization)

(2) Parishioner signature (authorization)

Date

E-mail Address