

ELECTRONIC CONTRIBUTION AUTHORIZATION

(TO ESTABLISH REGULAR ACH CONTRIBUTION FROM CHECKING OR SAVINGS)

Last Name					First Name				
Address									
City						State		Zip	
Email Address						Phone No ()			
					ange donation amount				
DAT	E OF FIRST DONATION:		☐ Monthly on the 1 st of the month		FUNDS: ☐ Operating Fund ☐ Building Repair Fund ☐ Other Total		**************************************		
CHECK-NG-84>-NG8	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below) I authorize the above organization to process debit entries to my account provide reasonable notification to terminate the authorization.			ccoı	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Account Number Check Number unt. I understand that this authority will remain in effect until I				
	Authorized Signature:								
FOR OFFICE USE ONLY ENVELOPE/DONOR #					DATE PROCESSED				

ST. MARY CATHOLIC FAITH COMMUNITY 9520 W. FOREST HOME AVENUE HALES CORNERS, WI 53130 PHONE: 414-425-2174

If using a checking account, please ATTACH A VOIDED CHECK here.
In lieu of a check, you may attach a photo of your deposit slip or bank statement to verify your routing and account numbers.