

St. Benedict Catholic Church
Authorization for Bank Draft of Stewardship Contribution

Name (as on account): _____

Address: _____ City-State-Zip: _____

Daytime Phone: _____ Cellphone: _____

Financial Institution Name: _____ Branch: _____

Routing Number: _____ Account Number _____

Type of Account: Checking or Savings _____

For checking account: Attach copy of voided check

For savings account: Attach copy of statement to verify account numbers

I (we) hereby authorize St. Benedict Catholic Church to initiate debits to my (our) account indicated above and for the financial institution specified by me to pay the amount listed below from my checking or savings account for Stewardship Contributions to St. Benedict Catholic Church at the frequency listed below. I understand that both St. Benedict Catholic Church and my financial institution reserve the right to terminate this payment plan or my participation therein.

The following information may be changed by the account holder(s) at any time by contacting the Parish Office:

Amount to be debited each time: \$ _____

Frequency of debit: (semi-monthly, monthly, quarterly, annual) _____

Specific date of debit: (example: 1st, 15th or 31st day of month) _____

This authority is to remain in effect until St. Benedict Catholic Church and my financial institution have received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Benedict Catholic Church and my financial institution a reasonable opportunity to act on it.

Account Holders Signature _____ Date _____

_____ Date _____

St. Benedict Catholic Church _____ Date _____

Remember to attach copy of voided check or savings account statement for verification of account numbers. Return form to Parish Office at P.O.Box 595, Doniphan, MO 63935, or place in sealed envelope marked "ACH Bank Draft" and put in collection basket.

Questions – call Debbie at 351-1107 or 776-4504.