

## All Saints Catholic Church

### Parishioner Direct Payment Authorization Form

**Instructions:**

1. Complete the parishioner name and address information.
2. Designate whether this is a new authorization, change in authorization amount or a change in the account information.
3. Select giving frequency and enter a start date (if selecting monthly make sure to check which date you want the transaction made).
4. Designate total giving by specific fund. The direct payment program enables us to contribute to your choice of three parish funds: General Parish Fund, Building and Missions. Please write in the total amount of your contribution where indicated.
5. Designate account type, routing number and account number.
6. Sign on the authorized signature line.
7. If this is a new authorization or a change in account, make sure to attach a voided check or saving deposit slip.
8. Place your completed form into a sealed #10 envelope marked "Stewardship" and return to our parish office.

If you have any questions about the Direct Payment Program or this form please call the Parish Office (414) 444-5610.

Parishioner's Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Authorization     Change in Authorization Amount     Change in Account Information

<p><b>Frequency:</b></p> <p><input type="checkbox"/> Weekly ( will be transferred on Mondays)</p> <p><input type="checkbox"/> Semi-Monthly ( will be transferred the 1<sup>st</sup> and 15<sup>th</sup> of each month)</p> <p><input type="checkbox"/> Monthly ( will be transferred on either the 1<sup>st</sup> or the 15<sup>th</sup> of each month, indicate choice of date below)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Transfer on the 1<sup>st</sup>.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Transfer on the 15<sup>th</sup></p> <p>Start Date: _____ (if not date is filled in , the first transaction will be on the next applicable transfer date)</p>	<p><b>Giving Designation:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fund:</th> <th style="text-align: right;">Amount:</th> </tr> </thead> <tbody> <tr> <td>1. General</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. Building</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. Missions:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><b>Total:</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </tbody> </table> <p>Contributions may be divided between the multiple funds listed. Contact our parish office for details.</p>	Fund:	Amount:	1. General	\$ _____	2. Building	\$ _____	3. Missions:	\$ _____	<b>Total:</b>	<b>\$ _____</b>
Fund:	Amount:										
1. General	\$ _____										
2. Building	\$ _____										
3. Missions:	\$ _____										
<b>Total:</b>	<b>\$ _____</b>										

Please deduct my contribution directly from my:

Checking Account (attach a voided check)

Routing #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Or:

Savings Account (attach a saving deposit slip)

Routing#: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

I authorize All Saints Catholic Church to process debit entries to my account listed above. I have attached a voided check or saving deposit slip. This authority will remain in effect until I give reasonable notice to terminate this authorization:

Authorized Signature on my account: \_\_\_\_\_ Date: \_\_\_\_\_