



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 savings deposit slip.
8. Place your completed form into a sealed 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**

Frequency:

- ___ Weekly (will be transferred on Mondays)
- ___ Semimonthly (will be transferred the 1st and 15th of each month)
- ___ Monthly (will be transferred on either the 1st or the 15th of each month, indicate choice of date below)
- ___ Transfer on the 1st
- ___ Transfer on the 15th

Start Date: _____ (if no date is filled in, the first transaction will be on the next applicable transfer date)

Giving Designation:

Amount:

Fund:

1. General _____
2. Building _____
3. Missions: _____

Total:

Please deduct my contribution directly from my:

Checking Account (attach a voided check)

Routing No. _____

Checking Account No. _____

or

Savings Account (attach a savings deposit slip)

Routing No. _____

Savings Account No. _____

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

Authorized Signature on My Account: _____ Date: _____