Church of St. Michael
611 South 3rd Street
Stillwater, MN 55082

ES2640

For Office Use Only	Envelope #	Date

Parishioner Authorization Form

Effective Date: _____

- ❑ New Authorization
- ❑ Change Contribution Amount
- ❑ Change Contribution Date
- ❑ Change Financial Institution Account
- ❑ Discontinue Electronic Giving

Name of Parishioner (Please Print)

Address

City	State	Zip

Regular Contribution

- ❑ Weekly (Transferred on Mondays)
- ❑ Semimonthly (Transferred on the 1st & 15th)
- ❑ Monthly (Transferred on either the 1st or the 15th)
  CIRCLE ONE: 1ST 15TH
- ❑ Quarterly (The 1st of the month beginning _____)

Regular Sunday Contributions $_____

Tuition Assistance Fund $_____

Other (please specify) $_____

Total Contribution Amount **$_____**

Annual Contributions

Christmas $_____
(Transferred December 15th)

Other _____ $_____

Date of Transfer _____

Please take my contribution directly from the account specified:

- ❑ Checking Account (attach a voided check)
- ❑ Savings Account (attach a savings deposit slip)

Routing #:
Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols ⑆:⑆:

Account #:

I authorize **Church of St. Michael** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: Date:

Please attach a voided check or savings deposit slip.