

FORM TO AUTHORIZE AUTOMATIC WITHDRAWAL OF CONTRIBUTIONS

St. Hubert Catholic Community
 8201 Main Street, Chanhassen, MN 55317

For Church Office Use Only	Envelope #	Date
PARISHIONER AUTHORIZATION:		
Effective date: _____	<input type="checkbox"/> Change contribution date	
<input type="checkbox"/> New or additional authorization	<input type="checkbox"/> Change financial institution account	
<input type="checkbox"/> Change contribution amount	<input type="checkbox"/> Discontinue electronic contribution	
Name of parishioner (please print)		
Address		
City	State	Zip code

<p>REGULAR CONTRIBUTION</p> <p><input type="checkbox"/> Weekly (Transferred on Monday)</p> <p><input type="checkbox"/> Semi-Monthly (Transferred on 1st and 15th)</p> <p><input type="checkbox"/> Monthly (Transferred on either the 1st or the 15th of each month) (Circle one)</p> <p><input type="checkbox"/> Quarterly (The 1st of the month beginning: _____)</p> <p>Amount to be withdrawn:</p> <p>◆ General Fund \$ _____</p> <p>◆ Debt Reduction Fund \$ _____</p>	<p>SPECIAL CONTRIBUTIONS</p> <p>Easter offering (Transferred April 1st) _____</p> <p>Christmas offering (Transferred December 15th) _____</p>
Please take my contribution directly from the account specified:	
<input type="checkbox"/> Checking account (attach a voided check) <input type="checkbox"/> Savings account (attach a savings deposit slip)	
Routing # (between these symbols ■ : ■ :):	Account #:
I authorize St. Hubert Catholic Church 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 remember to attach a voided check