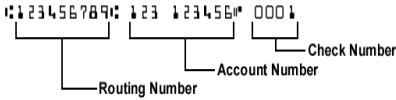




**ST. MARY FAITH COMMUNITY  
9520 W. FOREST HOME AVENUE  
HALES CORNERS, WI 53130  
PHONE: 414-425-2174**

**CONTRIBUTION AUTHORIZATION FORM (CHECKING AND SAVINGS)**

Last Name		First Name	
Address			
City		State	Zip
Email Address		Phone No (    )	
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
<b>DATE OF FIRST DONATION:</b> _____/_____/_____ 	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> of the month <input type="checkbox"/> Monthly on the 15 <sup>th</sup> of the month	<b>FUNDS:</b> <input type="checkbox"/> Operating Fund <input type="checkbox"/> Debt Repayment <input type="checkbox"/> Building Repair <input type="checkbox"/> School Appeal <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> _____ 	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____  <b>Total</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____		
<b>FOR OFFICE USE ONLY</b>		<b>ENVELOPE/DONOR #</b>	<b>DATE PROCESSED</b>

*If using a checking account, please ATTACH A VOIDED CHECK at the bottom of this page.*