



## ELECTRONIC CONTRIBUTION AUTHORIZATION

(TO ESTABLISH REGULAR ACH CONTRIBUTION FROM CHECKING OR 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"/> Building Repair Fund <input type="checkbox"/> Other	<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ <div style="text-align: right;"><b>Total</b></div>
C H E C K I N G / S A V I N G S	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: _____ <i><b>Valid Routing # must start with 0, 1, 2, or 3</b></i>  Account Number: _____ <div style="text-align: center; font-size: small;">           ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 1            └──────────┬──────────┬──────────┬──────────┘                      Routing Number          Account Number          Check Number         </div>
	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: _____	
FOR OFFICE USE ONLY		ENVELOPE/DONOR #	
DATE PROCESSED			

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

***If using a checking account, please ATTACH A VOIDED CHECK here.***