

St. Andrew Church

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 you to contribute to your choice of three parish funds:
 - General Parish Fund (Sunday Collection)
 - Capital Contingency Fund (Buildings & Grounds)

Envelope # (if known) _____

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 #10 envelope marked "Stewardship" and return it to your parish office

If you have any questions about the Direct Payment Program or this form please call 262-740-2051 for additional information.

Parishioner Name (please print) _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

New Authorization
 Change In Authorization Amount
 Change in Account Info

| FREQUENCY | GIVING DESIGNATION | | | | | | | | | | |
|--|--|------|--------|------------|----------|------------|----------|----------|----------|--|------------------------------------|
| <input type="checkbox"/> Weekly (will be transferred on Mondays) <input type="checkbox"/> Semi-Monthly (will be transferred the 5 th & 20 th of each month) <input type="checkbox"/> Monthly (will be transferred on either the 5 th or the 20 th of each month - Indicate choice of date below) <ul style="list-style-type: none"> <input type="checkbox"/> transfer on the 5th <input type="checkbox"/> transfer on the 20th | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fund</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td>1. General</td> <td>\$ _____</td> </tr> <tr> <td>2. Capital</td> <td>\$ _____</td> </tr> <tr> <td>3. Other</td> <td>\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ _____ Total Contribution Amount</td> </tr> </tbody> </table> | Fund | Amount | 1. General | \$ _____ | 2. Capital | \$ _____ | 3. Other | \$ _____ | | \$ _____ Total Contribution Amount |
| Fund | Amount | | | | | | | | | | |
| 1. General | \$ _____ | | | | | | | | | | |
| 2. Capital | \$ _____ | | | | | | | | | | |
| 3. Other | \$ _____ | | | | | | | | | | |
| | \$ _____ Total Contribution Amount | | | | | | | | | | |
| <p>Start Date _____</p> <p style="font-size: small; text-align: center;">if no date is filled in, the first transaction will be on the next applicable transfer date</p> | <p style="font-size: small; text-align: center;">Contributions may be divided between the multiple funds listed. Contact your parish office for details.</p> | | | | | | | | | | |

Please deduct my contribution directly from my:

Checking Account (attach a voided check)
 Routing # _____

Checking Account # _____

or

Savings Account (attach a savings deposit slip)
 Routing # _____

Savings Account # _____

I authorize my congregation 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 _____