

ST. AGNES CHURCH --AUTHORIZATION FOR DIRECT DEBIT
OF WEEKLY OR MONTHLY CONTRIBUTIONS

Name (Last, First, Middle) _____

Address (Street, Route, P.O. Box) _____

City _____

State _____

Zip Code _____

Telephone number _____

(_____) _____

PARISH ENVELOPE NUMBER _____

ELECTION (check one and indicate amount to be debited from your account)

Weekly contribution of \$ _____

Monthly contribution of \$ _____

I hereby authorize St. Agnes Parish to debit funds from the account at the FINANCIAL INSTITUTION designated below, and I further authorize FINANCIAL INSTITUTION to debit the same to such account without responsibility for correctness of such amount. This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the above a reasonable opportunity to act upon it. I agree to notify St. Agnes Parish if I wish to change the designated FINANCIAL INSTITUTION or account from which funds are to be debited 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of funds by St. Agnes.

Signature _____ Date _____

ATTACH VOIDED CHECK
(PLEASE DO NOT ATTACH DEPOSIT TICKET)

OPTIONAL AUTOMATED OFFERING PROGRAM. We continue to offer parishioners the opportunity to have weekly or monthly contributions automatically deducted from their checking accounts. If interested, please complete the direct debit form above and either mail it to the rectory to the attention of the Automated Offering Program, or drop it into the collection basket. If you have any questions please contact the rectory at 610-692-2990