

2017-2018 Annual Offertory Donation

Authorization Agreement for Pre-Authorized Payments

Company Name: St. Michael the Archangel Parish

Company ID # 34-4434729

I (we) hereby authorize St. Michael Parish, hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING SAVINGS account (**select one**) indicated below and the depository name below, hereinafter called DEPOSITORY, to debit same to such account.

Depository Name: _____

City: _____ **State:** _____ **Zip:** _____

Account No. _____ **Routing No.** _____

This Automatic deduction will be made on the 20th of every month.

I authorize St. Michael Parish to begin this electronic transfer of funds on July 20, 2017

This authority is to remain in full force and effect from the month indicated until June 30, 2018 unless COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Total Annual Sunday Commitment: \$ _____ (\$ _____/week x 51 weeks)

The amount to be deducted on the 20th of each month:

12 Monthly Installments of \$ _____ Sunday Collection Donation
\$ _____ Building & Maintenance Monthly Donation

Special Commitments:

Rosary Altar Donation	\$ _____	To be deducted on 9/20/2017
Holy Name Donation	\$ _____	To be deducted on 9/20/2017
Christmas 2017 Donation	\$ _____	To be deducted on 12/20/2017
Easter 2018 Donation	\$ _____	To be deducted on 4/20/2018
St. Michael Cemetery Donation	\$ _____	Monthly donation to be taken on the 20 th of every month
St. Michael Cemetery Donation	\$ _____	One time donation to be taken on _____

Name(s): _____ **Phone Number:** _____

Date: _____ **Signature:** _____

Directions: If you desire to establish Electronic Transfer of Funds for your Annual Offertory Contribution payments, please complete this form and return it to St. Michael Parish (Attn: Dow Campbell) along with:

- Voided check **OR**
- Encoded deposit slip for savings account if available