



Automatic Transfer Payment Form

Please fill out this form if you want to START using automatic withdrawal or CHANGE your current automatic withdrawal.

If you already use automatic withdrawal and have no changes you do not need to fill out this form. If you pay by cash or check you do not need to fill out this form.

Monthly Parish Support Withdrawal Authorization

I hereby authorize St. Francis of Assisi Parish to initiate automatic withdrawal from my checking/savings account at the financial institution listed below.

The monthly withdrawal will remain in effect with St. Francis of Assisi Parish until notification is received requesting cancellation or update of amount.

Name of Financial Institution

City of Financial Institution

My Name – PLEASE PRINT

My Phone Number

My Address – PLEASE PRINT

Signature

Today's Date

Please withdraw the following from my bank account:

Monthly Stewardship amount: \$ _____

Special collections will be taken as cash or check only.

*Withdrawal on 2nd, 10th, or last business day of month (**Circle one date**)*

_____ *Withdraw from my CHECKING Account (attach voided check).*

_____ *Withdraw from my SAVINGS Account (attach deposit slip).*

You may make updates to your withdrawal information at any time.

Please return completed form to:

St. Francis of Assisi Parish Office
601 North 8th Street, Manitowoc, WI 54220