

St. Catherine of Alexandria Catholic Church, Milwaukee ACH Contribution Form

I, _____, (*please print your name*) authorize St. Catherine of Alexandria to initiate entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the parish a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 4 business days before my account is charged.

STEWARDSHIP CONTRIBUTIONS

Amount of **MONTHLY** contribution: \$ _____

Deduct on the _____ day of the month beginning _____.

Envelope # _____

Name (*please print*): _____

Address (*please print*): _____

City, State, Zip Code: _____

Phone: _____

Email: _____

CHECKING/SAVINGS

Financial Institution: _____

City, State, Zip Code: _____

Your Signature: _____

PLEASE INCLUDE VOIDED CHECK WITH FORM



RETAIN FOR YOUR RECORDS

On _____ (*date*) I authorized St. Catherine of Alexandria Catholic Church, 8661 N. 76th Place, Milwaukee, WI 53223, phone (414) 365-2020, to initiate electronic entries from my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the above address.

Monthly payment: \$ _____ on the _____ day of every month