



# Church of St. Rita

*"Connecting Faith and Life"*

8694 80<sup>th</sup> Street South, Cottage Grove, MN 55016

## Pre-Authorization for Electronic Debits

This Authorization to be used to:

Church Acct # **ES4365**

Initiate a new deduction

Change scheduled deduction day

Change Financial Institution

Change amount of Contribution

\_\_\_\_\_  
*Name on Account (Please Print)*

\_\_\_\_\_  
*Home Address, City, State, Zip Code*

\_\_\_\_\_  
*Financial Institution Name*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Address of Financial Institution*

\_\_\_\_\_  
*Account No.*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Routing and Transit No.*

Bank Checking Account

Attach a voided check (not deposit slip)

or

Savings Account

Attach savings deposit slip

**Please clearly mark amounts and all dates you wish funds transferred.**

**Regular Contribution Frequency and Amount:**

**Additional Holy Days and Special Contribution:**

\$ \_\_\_\_\_ Amount of Regular Contribution  
\_\_\_\_\_ Debit my account on the **5<sup>th</sup>** of each month  
\_\_\_\_\_ Debit my account on the **20<sup>th</sup>** of each month.

January-Holy Family \$ \_\_\_\_\_ November-All Saints \$ \_\_\_\_\_  
April-Easter Offering \$ \_\_\_\_\_ December-Immaculate  
May-Ascension \$ \_\_\_\_\_ Conception \$ \_\_\_\_\_  
August-Assumption \$ \_\_\_\_\_ December-Christmas \$ \_\_\_\_\_  
\*Sister Parish \$ \_\_\_\_\_ \* Emergency Fund \$ \_\_\_\_\_  
Month(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

**\* Indicate the month(s) you wish Sr. Parish and Emergency Funds withdrawn.  
(To be debited on the date indicated below)**

\_\_\_\_\_ Debit my Holy Day/Special Contrib. on the **5<sup>th</sup>** of the Month.

\_\_\_\_\_ Debit my Holy Day/Special Contrib. on the **20<sup>th</sup>** of the Month.

For my benefit and convenience, I authorize The Church of St. Rita of Cottage Grove, MN to charge my account for electronic debits drawn on my account for my charitable contribution to The Church of St. Rita of Cottage Grove, MN. I understand I may revoke this authorization by written request received by The Church of St. Rita of Cottage Grove, MN in such time as reasonably possible to effect a discontinuation of electronic debits with the ACH. I also understand and agree that The Church of St. Rita of Cottage Grove, MN may discontinue further withdrawals if any withdrawal is dishonored when presented at my financial institution.

Authorized signature on my Account: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Attach Voided Check or Deposit Ticket Securely to this form.**