

Automatic Payment Form (ACH):

I hereby authorize St. John XXIII Parish to establish automatic payments of
\$ _____

per month from my checking savings account listed below.

This payment will be applied towards my Monthly Budget donations.

Signature(s): _____

Signature(s): _____

Bank/Branch Name: _____

Account Number: _____

Debits from your account will be taken on the 5th of the month.

Please attach a VOIDED check (or photocopy) (NO deposit tickets)