

THE CHURCH OF ST PASCAL BAYLON

Financial Pledge for 2018

Name(s): _____
 Address: _____
 City, State, Zip: _____
 E-mail Address: _____
 Daytime Phone #: _____

Please check how payment will be made:
 Automatic Withdrawal*
 Envelopes
 Stock Transfer

Envelope # (if known): _____

Stewardship	
Annual Total \$	_____

Weekly \$ _____ x 52 = \$ _____
 Monthly \$ _____ x 12 = \$ _____
 Quarterly \$ _____ x 4 = \$ _____
 Annually \$ _____ x 1 = \$ _____

Mortgage Reduction	
Annual Total \$	_____

Weekly \$ _____ x 52 = \$ _____
 Monthly \$ _____ x 12 = \$ _____
 Quarterly \$ _____ x 4 = \$ _____
 Annually \$ _____ x 1 = \$ _____

* Indicate below if:

Starting
 Changing

Please use enclosed form to start or change Automatic Withdrawal

Signature: _____

Date: _____

A good faith pledge of your yearly financial commitment to both purposes is critical to the community of St Pascal's financial stability.

Automatic Withdrawal Authorization Form

Name(s): _____

Address: _____

City, State, Zip: _____

*I authorize St. Pascal's to process debit entries to my account as indicated above

*I have attached a voided check/savings withdrawal slip

Stewardship

\$ _____ Deducted on the 1st of Each Month

\$ _____ Deducted on the 15th of Each Month

Mortgage Reduction

\$ _____ Deducted on the 1st of Each Month

\$ _____ Deducted on the 15th of Each Month

Christmas \$ _____ deducted on 12/15

Easter \$ _____ deducted day after Easter

* Indicate below if:

_____ New Authorization

_____ Change in amount

_____ Change Frequency

_____ Change accounts

_____ Discontinue

Signature: _____

Date: _____

This authorization will remain in effect until I give reasonable written notification to change or terminate it.