

St. Michael's Electronic Stewardship

We offer electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for St. Michael.

To get started, simply complete the authorization form below and return it to the parish office with a voided check. Donations can be debited automatically from either a checking or savings account.

St. Michael Catholic Church #ES6133

AUTHORIZATION FORM FOR AUTOMATIC PAYMENT

ENVELOPE #		DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> Stewardship <input type="checkbox"/> Building Fund <input type="checkbox"/> _____
		AMOUNTS: \$ _____ \$ _____ \$ _____ Total \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 ⑆ 0 0 0 1 ----- ----- ----- ----- ----- ----- ----- ----- ----- Routing Number Account Number Check Number
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
	Authorized Signature: _____ Date: _____ Email address: _____	

If using a checking account, please attach a voided check at the bottom of this page.