

St. Mary Congregation
430 N Johnson Street
Port Washington, WI 53074

****You only need to fill this out if this is the 1st time you are setting this up or if you are changing your amount.**

****You only need to attach a voided check if you are setting up ACH withdrawals for the 1st time.**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Member Authorization:

Month to begin automatic withdrawals: _____ (withdrawals occur on the 15th of each month)

Contribution Amount: _____

Financial Institution: _____

Routing Number: _____

_____ Checking account _____ Savings Account

Account Number: _____

I authorize St. Mary Congregation to process debit entries to my account. I understand that these withdrawals will be processed the 15th of every month. I have attached a voided check or deposit slip. This authorization will remain in effect until I give notification to terminate this authorization, at least 2 weeks in advance.

Authorized signature on account: _____ Date: _____

For office Use only:

Envelope Number: _____ Date: _____

***** Please attach a Voided Check or Deposit Slip *****