

CHANGING THE FACE OF *Saint Raphael Parish*

FROM GENERATION TO GENERATION, *Phase II*

**Electronic Giving Form**

**Authorization Agreement for Auto-draft Payments**

		Amount
<input type="checkbox"/>	Annual* (December)	\$ _____
<input type="checkbox"/>	Semi-Annual* (June & December)	\$ _____
<input type="checkbox"/>	Quarterly* (March, June, September & December)	\$ _____
<input type="checkbox"/>	Monthly* (all months)	\$ _____
<input type="checkbox"/>	Other*	\$ _____

\* Payments will be electronically deducted from your designated financial institution on or shortly after the 10th of each month.

This is a modification to a previously elected authorization.

I (we) hereby authorize Saint Raphael Parish to initiate debit entries to my(our) account at the financial institution named below. This authorization is for **Changing the Face of Saint Raphael Parish from Generation to Generation, Phase II** pledge payments, and is to remain in full force and effect until the total pledge is paid or Saint Raphael Parish receives written notification from me (or either of us) of its modification or termination in such time and manner that Saint Raphael Parish and the institution can reasonably act on it.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**Financial Institution Information (must be a personal account):**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

(9 digits on bottom left corner of check)

Account Number: \_\_\_\_\_

(2nd group of digits on bottom left corner of check)

Please attach a voided check to this form if designating a checking account.

Please contact your financial institution if you cannot determine the routing or account number.

OVER FOR FAQ