

## St. Patrick's Automatic Support Plan

I/We authorize St. Patrick's Church to initiate debit entries to my/our checking or savings account indicated below and the Financial Institution named below to debit the same to such account.

Financial Institution Name: \_\_\_\_\_

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

Transit/ABA Number: \_\_\_\_\_

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

Checking Account  Savings Account

**Please attach a deposit slip, or a voided check.**

Amount to be withdrawn for the Capital Campaign: \$ \_\_\_\_\_

Amount to be withdrawn for the Regular Contributions: \$ \_\_\_\_\_

1<sup>st</sup> of the month  15<sup>th</sup> of the month

Frequency:

Monthly  Quarterly  Semi-Annually  Annually

This authority is to remain in full force and effect until St. Patrick's and the Financial Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Patrick's Church and the Financial Institution a reasonable opportunity to act on it.

Name: \_\_\_\_\_  
(please print) (please print)

Signed: \_\_\_\_\_

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

**Thank you for sharing your treasures.**