

St. Michael Parish

Pre-Authorized Automatic Withdrawal AUTHORIZATION FORM

PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"

Parishioner Name(s)		
Address	City	Postal Code
Email	Phone Number	

I (we), as the account holder(s), authorize St. Michael Parish to debit my (our) account until such time as written notice to the contrary is given by me (us) to St. Michael Parish. The branch of the financial institution at which I (we) maintain the account is not required to verify that the payment(s) is drawn in accordance with this authorization.

PART 1: MONTHLY DONATIONS

*Regular Sunday Collection, Planning For Tomorrow Fund, Building & Maintenance Fund and Together We Serve Fund (**Withdrawal ONCE per month, on the third banking day**)*

Regular Sunday Collection	\$
Planning For Tomorrow Fund	\$
Building & Maintenance Fund	\$
Together We Serve Fund	\$
TOTAL MONTHLY DONATION	\$

PART 2: SPECIAL COLLECTIONS

Also, please debit from my (our) account the amount for each collection shown below on the **third** banking day of each month indicated. (**NOTE: For Good Friday and Christmas special collections, the transaction will be made the next business day following**).

New Year's Day (January)	\$
Good Friday (April)	\$
Cemetery Fund (July)	\$
Christmas Offering (December)	\$

I (we) will notify St. Michael's Parish of any changes in the account information or changes to or termination of this authorization **one month prior** to the next due date of the pre-authorized debit.

AUTHORIZATION SIGNATURE(S)

1. _____ 2. _____

Date _____