

# Automatic Withdrawal (ACH) Authorization Form for Church Contributions



**SAINT WENCESLAUS ROMAN CATHOLIC CHURCH**  
505 Third Street East  
Dickinson, N.D. 58601  
(701) 225-3972

“As each one has received a gift, use it to serve one another as good stewards of God’s varied grace” (1 Peter 4:10)

## Authorization for Direct Payment

I (we) \_\_\_\_\_ authorize the Church of St. Wenceslaus to initiate a withdrawal from:  
Name

### ACCOUNT INFORMATION

#### Bank Account Information

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

Name on the account: \_\_\_\_\_

Checking (Please attach a voided check)

Routing Number: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

#### Credit Card Information

MasterCard       Visa

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month      Year

### CONTRIBUTION SCHEDULE

#### Fund Type:

*please circle one*

*Adult Envelopes*

*Capital Campaign*

*Capital Improvements*

#### Payment Schedule:

- Weekly
- Monthly
- Quarterly
- Annually

#### Amount:

#### Payment Start Date:

#### Collection Date:

*Date to be withdrawn from your account*

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a **\$15** nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contribution Envelope Number: \_\_\_\_\_

### CONFIDENTIALITY STATEMENT

The above information will not be disclosed to any unauthorized personnel or financial institutions.

### **PLEASE RETURN COMPLETED FORM, ALONG WITH A VOIDED CHECK (CHECKING ACCOUNT) TO:**

Nancy Woehl, Business Manager | St. Wenceslaus Catholic Church | 505 Third Street East | Dickinson, ND 58601  
*A copy of this form will be returned to you along with a letter of acknowledgement.*