

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Date to be withdrawn from your account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.