



**AUTOMATIC BANK DRAFT
AUTHORIZATION FORM**



St. Peter Catholic Church
125 E. 19th Ave
Covington, LA 70433

Type of Authorization:

- New Authorization
- Change Donation Amount
- Discontinue Electronic Donation
- Change Banking Information
- Change Donation Date

Last Name

First Name

Address

City

State

Zip

Please debit my contribution from my

Checking Account (attach Voided Check)

Savings Account (attach savings deposit slip)

Bank Routing Number: _____
(Valid routing # starts with a 0, 1, 2 or 3)

Account Number: _____

Date of First contribution:

____/____/____
Mo Day Yr

Frequency of Contribution:

- Semimonthly** on 1st and 16th
- or
- Monthly**
- Transfer on 1st
- Transfer on the 16th

Designated Amount:

(Per contribution)

General Fund \$ _____

Building Fund \$ _____

Special Instructions:

AGREEMENT

I hereby authorize St. Peter Catholic Church to process debit entries to my account as specified above. I have attached a voided check or savings deposit slip. **This authority will remain in effect until I give reasonable notification to terminate this authorization.**

Authorized Signature on my account:

Date:

Please Attach a Voided Check or Savings Deposit Slip

For Office Use Only

Envelope #

Date Entered: