



Mother of Good Counsel

Parishioner Automatic Payment Authorization Form for Parish Contributions and/or School Envelope Contributions

Instructions:

1. Complete the parishioner name and address information
2. Designate whether this is a new authorization, change in authorization amount or a change in the account information
3. Enter a start date & frequency
4. Designate total giving by specific fund. The direct payment program enables you to contribute to your choice of two parish funds:

Parish Contributions

School Support

Please write in the total amount of your contribution where indicated

5. Designate account type, routing number and account number
6. Sign on the authorized signature line
7. If this is a new authorization or a change in account make sure to attach a voided check or savings deposit slip
8. Place your completed form into a sealed envelope marked "Stewardship" and return it to your parish office

If you have any questions about the Direct Payment Program or this form please call **Sue Puls at (414) 442-7600, ext. 104.**

NOTE: Participants in the Automatic Payment plan will no longer receive weekly giving envelopes. If you would like to enroll in the automatic payment plan and still receive envelopes please call Sue Puls at the number provided above.

Parishioner Name (please print) _____ Envelope # _____

Address _____ City _____ State _____ Zip _____

New Authorization

Change in Authorization Amount

Change in Account Info

START DATE

Please start my automatic payments on:

(MONTH, DAY, YEAR)

Transfer Funds weekly
(Transfer takes place on Mondays)

Transfer Funds monthly on the:
 1st of the month 15th of the month

GIVING DESIGNATION

Fund	Amount
1. Parish Contributions	\$ _____
2. School Support	\$ _____
	\$ _____ Total Transfer Amount

Please deduct my contribution directly from my:

Checking Account (attach a voided check)

Routing # _____

Checking Account # _____

or

Savings Account (attach a savings deposit slip)

Routing # _____

Savings Account # _____

I authorize my congregation to process debit entries to my account listed above. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notice to terminate this authorization.

Authorized signature(s) on my account _____

****If this is a join account, both owners must sign above.**