

## The Church of Saint Anne

1321 Braman Ave., Bismarck, ND 58501

**REGULAR CONTRIBUTIONS**    Envelope # \_\_\_\_\_

Date: \_\_\_\_\_

### PARISHIONER AUTHORIZATION FORM

Effective Date: \_\_\_\_\_

Change Contribution Date

New Authorization

Change Financial Institution Account

Change Contribution Amount

Discontinue Electronic Contribution

**Name of Parishioner** (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Weekly (transferred on Tuesday)  
Amount \_\_\_\_\_

Monthly (transferred on the 7th )  
Amount \_\_\_\_\_

Monthly (transferred on the 22nd)  
Amount \_\_\_\_\_

Bi-Monthly (transferred on the 7th & 22nd)  
Amount \_\_\_\_\_

Holy Days & 1 Non-Holy Day (January 1, the solemnity of Mary, Mother of God, Thursday of the sixth week of Easter, the solemnity of the Ascension; August 15, the solemnity of the Assumption of the Blessed Virgin Mary; November 1, the solemnity of All Saints; December 8, the solemnity of the Immaculate Conception; December 25, the solemnity of the Nativity of Our Lord Jesus Christ and one non-holy day Ash Wednesday)  
Amount \_\_\_\_\_

Please take my contribution directly from the account specified:

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I authorize **The Church of Saint Anne** to process debit entries to my account. 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: \_\_\_\_\_

Print a copy, then mail or drop off to The Church of Saint Anne. You may also put it in an envelope for the weekly collection basket.

•Attach a voided check or savings deposit slip•