

SS PETER AND PAUL Catholic Church

AUTOMATIC WITHDRAWAL FOR SUNDAY COLLECTIONS FORM
CHECKING ACCOUNT OR CREDIT CARD AUTHORIZATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E Mail Address _____

Amount to be deducted:

Monthly contribution \$ _____

Education Foundation \$ _____

Monthly total \$ _____

Plus take an additional amount out for these special days:

Ash Wednesday \$ _____ Easter \$ _____

May- Ascension \$ _____ August- Assumption \$ _____

November- All Souls \$ _____ December-Immaculate Conception \$ _____

December- Christmas \$ _____ January- New Years Day \$ _____

Month to begin Withdrawals: _____

CHECKING ACCOUNT AUTHORIZATION:

Name of Financial Institution: _____

I have enclosed a voided check from my account _____

CREDIT CARD AUTHORIZATION:

Type of Card: ___ Master ___ Visa ___ Discover

Card Number _____

CW (on back of card) ___ ___ ___ Expiration date ___ ___

By my signature below, I am authorizing SSPP Catholic Church to deduct the above amount from my checking account/credit card. If I elect to change my pledge or discontinue the automatic withdrawal program, I will notify the Parish office in writing. I understand that all withdrawals will be made on the 15th of the month (*or next business day if the 15th falls on a weekend or holiday).

Signature: _____ Date: _____