

St. Stanislaus Church

Yes! I'd like to sign up for Electronic Contribution!

This is a change to my current Electronic Contribution

6418 Rt W Jefferson City MO 65101-9702

FOR OFFICE USE ONLY		Member Envelope #:	
Contribution Information	Contribution Amount Collected (check one):		
	\$ _____	<input type="checkbox"/>	Monthly (The 5th or 20th - CIRCLE ONE)
	\$ _____	<input type="checkbox"/>	Semi-Monthly (The 5th and the 20th)
I would like my contributions or changes to start on _____ (date)			
Last Name:		First Name:	MI
Address:			
City:		State:	Zip Code:
Please accept my ongoing contribution from my:		<input type="checkbox"/> Checking Account (attach a voided check)	
		<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Bank Name:			
Bank Location (Street Address):			
City:		State:	Zip Code:
Account Number:		Transit Routing Number:	
<p>I authorize St. Stanislaus Parish to debit the account in the financial institution indicated above. Such debit will be made on each succeeding month, unless I choose to terminate this agreement in writing to St. Stanislaus Parish. Any such notification shall become effective following receipt after reasonable opportunity to act on it. In the event that St. Stanislaus Parish debits this account erroneously, I authorize St. Stanislaus Parish to credit my account for an amount not to exceed the original transaction.</p> <p>I recognize that it is my sole responsibility and duty to verify my account balance prior to drawing on the account.</p>			
Authorized signature on my account:			Date:
		revised 06/01/2011	
●		●	
<i>Attach voided check or savings deposit slip here.</i>			

