



# MARY QUEEN OF PEACE CATHOLIC CHURCH AND SCHOOL

## Automatic Withdrawal Form for Sunday Envelopes

Effective Date: \_\_\_\_\_ Envelope # \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number (for any questions )

\_\_\_\_\_  
Email Address

**Please check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Change in contribution amount           | <input type="checkbox"/> New authorization               |
| <input type="checkbox"/> Change contribution frequency           | <input type="checkbox"/> Discontinue receiving envelopes |
| <input type="checkbox"/> Change in financial institution account |  |

**Frequency of Withdrawals for Sunday Giving:**

- Once per month \$ \_\_\_\_\_ Deduct on the 10th  
 Once per month \$ \_\_\_\_\_ Deduct on the 25th  
 Twice per month \$ \_\_\_\_\_ Deduct on the 10th & 25th

**Frequency of Withdrawals for Capital Campaign:**

- Once per month \$ \_\_\_\_\_ Deduct on the 10th  
 Once per month \$ \_\_\_\_\_ Deduct on the 25th  
 Twice per month \$ \_\_\_\_\_ Deduct on the 10th & 25th

**Withdrawal Account:**

- Checking account (attached a voided check)     Savings Account (attached a savings withdrawal slip)

I authorize Mary Queen of Peace Catholic Church and School to process debit entries to my account. I have attached a voided check or savings withdrawal slip. This authority will remain in effect until I give written notification to terminate this authorization.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date