

ST. ANTHONY OF PADUA PARISH
101 E. VIRGINIA
P.O. BOX 764
EFFINGHAM, ILLINOIS 62401
217-347-7129; FAX 217-342-6980

Start Date: _____

Contribution Authorization

Last Name (please print)	First Name	Cell & Home Phone Numbers	
Address		City, State, & Zip	
<u>Offering Frequency (please mark one)</u>			
<input type="checkbox"/>	Weekly (will be transferred on Mondays)	Amount: _____	
<input type="checkbox"/>	Monthly (between the 1st & 5th of each month)	Amount: _____	
<input type="checkbox"/>	Monthly (between the 15th & 20th of each month)	Amount: _____	
<u>Please take my offering directly from my:</u>			
<input type="checkbox"/>	Checking Account (attach voided check)	<input type="checkbox"/>	Savings Account (deposit slip attached)
Account Number:	Routing Number:		
I authorize St. Anthony of Padua Parish to process debit entries to my account for my Sunday contributions. 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.			
Signature:	Date:		

Please attach a voided check or savings deposit slip