

SAINT COLUMBA CATHOLIC CHURCH
AUTOMATIC PAYMENT OF CONTRIBUTIONS

NAME _____

ENVELOPE # _____

BANKING INFORMATION:

FINANCIAL INSTITUTION _____

ACCOUNT # _____

ACCOUNT ROUTING # _____

WEEKLY CONTRIBUTION AMOUNT _____

PLEASE NOTE: YOUR INDIVIDUAL COLLECTION DEBIT WILL BE
PROCESSED EACH **MONDAY** TO YOUR ACCOUNT

PLEASE ATTACH VOIDED CHECK FROM ACCOUNT TO BE DEBITED FOR
YOUR PAYMENT.

I authorize St. Columba Catholic Church to deduct my contribution from the bank and account number listed above. I understand that the funds will be withdrawn as indicated and that it is my responsibility to ensure sufficient funds are in my account at that time.

This authority will remain in effect until I instruct St. Columba Catholic Church to cancel or change it. Further authorizations must be in writing and must be received by St. Columba Catholic Church two weeks prior to the cancellation date. I also understand that if my payment is returned for "Not Sufficient Funds," St. Columba Catholic Church will discontinue this service.

EFFECTIVE DATE _____

Signature

Date

Signature

Date