

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Envelope Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# Mary, Queen of Peace Catholic Church Automated Contribution Setup Form For Checking and Savings Accounts

*Questions - Call 985-626-6977*

**Automatic Contributions:** To save time and effort and have your contributions (\$50/month minimum) automatically withdrawn from your checking account or charged to your credit card complete the desired authorization portions.

I hereby authorize Mary, Queen of Peace Catholic Church to process automatic withdrawals in the amount of \$ \_\_\_\_\_ on the first Monday of every month beginning \_\_\_\_\_.

<b>From my:</b> <input type="checkbox"/> <b>Checking (Attach voided check)</b> <input type="checkbox"/> <b>Savings</b>
Account Number:
Routing Transit Number:
Bank Name:
Bank Address:

<b>From my:</b> <input type="checkbox"/> <b>Master Card</b> <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>AMEX</b>
Account Number:
Expiration Date:
Name on Credit Card:
Billing address:

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

*If a joint account, both signatures are required.*

This authority is to remain in full force and effect until Mary, Queen of Peace Catholic Church has received notification from me/us.

**Please return the completed form in the collection basket or mail it to 1501 West Causeway Approach, Mandeville, LA 70471.**