

HOLY SPIRIT PARISH AUTHORIZATION FORM FOR AUTOMATIC WITHDRAWAL

I, _____ hereby authorize Holy Spirit Parish of Overland Park to withdraw entries from my account beginning ____/10/20____ (designate month and year) This authority is to remain in force and effect until Holy Spirit Parish has received written notification from me otherwise.

Today's Date _____ (Requests received by the 28th will be activated the 10th of the following month)

Name _____

Envelope # _____

Signature _____

Bank Name _____

Account Number _____
(Second set of numbers on check usually 12 numbers)

Transit / ABA Number _____
(First set of numbers on check usually 9 numbers)

☐ Checking Account

☐ Savings Account

☐ Amount of automatic deduction \$ _____ on a MONTHLY basis. (The 10th of each month)

☐ Amount of automatic deduction \$ _____ on a QUARTERLY basis.
(The 10th of January, April, July and October)

I understand that my contribution will be withdrawn from my Bank Account on the 10th of the month.

Return to the parish office at 11300 W. 103rd St. Overland Park, KS 66214
Or drop in the Sunday collection.

Thank you!

*****Please Staple a Voided Check to this Form*****