

## St. Ann Catholic Church

7231 Mission Road  
Prairie Village, KS 66208

### Electronic Giving Authorization Agreement for Automatic Payments

☐ New Enrollment

☐ Update/Change

☐ Amount Only

☐ Account Only

☐ Both Amount & Account

Name	
Address	
City, State & Zip Code	
Home Phone Number	
Parish Envelope Number	

I (we) hereby authorize **St. Ann, on the 15<sup>th</sup> of each month**, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my (our) ☐ checking, ☐ savings, ☐ money market account indicted below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and/or debit the same to such account. I (We) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name			
Transit Routing Number			
Account Number			
Spirit of Giving Monthly Amt.	\$	Beginning in the month of:	
Capital Reserve Monthly Amt.	\$	Beginning in the month of::	

This authority is to remain in full force and effect until **St. Ann and Depository** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **St. Ann and Depository** a reasonable opportunity to act on it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Voided Check Here**

A completed form with attached voided check can be mailed to the address above.  
Contact Maureen O'Toole ([motoole@stannpv.org](mailto:motoole@stannpv.org)) with any questions.