ST. MALACHY CATHOLIC CHURCH

Beattie, KS

Fr. Quentin Schmitz, Pastor

ACH WITHDRAWAL FORM

Automatic Payment from Checking or Savings on the 5th of each month:

I/We wish to start authorized monthly payments and hereby authorize St. Malachy Catholic Church to establish automatic payments of \$_____ per month.

I/We already make authorized monthly payments to St. Malachy Catholic Church from my/our bank.

Please update the amount to \$_____ per month.

IF STARTING AUTOMATIC PAYMENT FOR THE FIRST TIME, PLEASE ATTACH A VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS) AT THE BOTTOM OF THIS SHEET

PLEASE COMPLETE THE INFORMATION BELOW PLEASE PRINT

Name:		
Address:		
Church Envelope Number:	Checking	Savings (check one)
Bank Name & Address:		
Bank Routing Number:	Bank Account #:	
Signature:	Date:	
This authorization is to remain in full for has received written notification		•
PLEASE RETURN COMPLETED FORM TO B	RENDA AT ST. GREGO	ORY'S CATHOLIC CHURCH

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE