



# St. Monica Catholic Church

2001 N. Western · Edmond, OK 73012 · 405-359-2700

www.saintmonicaparish.com

**AUTOMATIC PAYMENT OF CONTRIBUTIONS**

**I WANT MY FUNDS APPLIED TO:**

**PARISH OFFERING** \_\_\_\_\_

**Peru Ministry** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

## BANKING INFORMATION

Contribution Amount \_\_\_\_\_

Frequency  Once a Month (1st Wednesday)

Twice a Month (1st and Third Wednesdays)

Checking  Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution:

Please attach voided check from account to be debited for your payment

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 I understand that the funds will be withdrawn as indicated and that is my responsibility to ensure sufficient funds are in my account at that time.

This authority will remain in effect until I instruct St. Monica Catholic Church to cancel or change it. Further authorizations must be in writing and must be received by St. Monica 15 days prior to the first day of the effective month. I also understand that if my payment is returned for "non-sufficient funds," St. Monica will discontinue this service.

Effective date beginning: \_\_\_\_\_

Month/Day/Year

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

Yes, I would like to continue receiving monthly offering envelopes from the church.

No, please do not mail monthly offering envelopes. (Monthly Church Offering Only)