

Church of St. Andrew

Phone (320) 256-4207

Email: stmarys@stmarysofmelrose.com

Website: www.oneinfaith.org



Date _____

I (we) authorize the Church of St. Mary to initiate debit entries for my (our)
FINANCIAL CHURCH SUPPORT from my (our):

Checking Account / Savings Account (circle one).

Dollar Amount: \$ _____ monthly (15th Monthly)

OR

Dollar Amount: \$ _____ bi-monthly (15th & 29th Monthly)

Financial Institution Name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing number: _____

Account number: _____

This authorization is to remain in full force and effect until the Church of St. Mary has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Church of St. Mary and Freeport State Bank a reasonable opportunity to act on it.

Name(s): _____

(please print clearly)

Signature(s): _____

Please include a VOIDED check with this application.