

**Authorization for Automatic Payment
Monthly Contribution**

I authorize the Church of Saint Boniface and the financial institution named here to initiate entries to my checking/savings account. The authority will remain in effect until I notify the Church of Saint Boniface in writing to change or cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank three (3) days before my account is charged. I can have amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my bank statement or sixty (60) days after posting, whichever occurs first.

I understand that is it my responsibility to give advance notice to the Church of Saint Boniface of any changes to my account, closing of my account, or change to a different institution.

Name _____

Envelope Number _____

I wish to contribute \$ _____ every month to the Church of Saint Boniface for regular operation expenses.

_____ Checking Account (attach voided check)

_____ Savings Account (attach deposit slip)

Signature _____

Date _____

Print out form. Attach voided check or deposit slip. Sign and date then put in the offering plate or bring to Rosie in the office.

Thank you!! May God continue to bless you!