



ST. MARK CATHOLIC CHURCH

Confidential Attention: Robin Richardson

42021 Highway 621 ~ Gonzales, Louisiana 70737

Phone: (225) 647-8461 ~ Fax: (225) 647-5125

E-mail: mail@eatel.net ~ Web: www.stmarkgonzales.org

AUTOMATIC BANK DRAFT AUTHORIZATION

(AN OPTION FOR OUR PARISHIONERS)

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ E-mail _____

- Please automatically draft my account for the **Regular Offertory** collection : (Fill in only ONE of these two lines.)

\$ _____ to the regular offertory on the 1st of each month.

\$ _____ to the regular offertory **each** Sunday of the month.

- Please automatically draft my account for the **Building Fund** collection : (Fill in only ONE of these two lines.)

\$ _____ to the Building Fund on the 1st of each month.

\$ _____ to the Building Fund **each** Sunday of the month.

- Please automatically draft my account for the **Maintenance Fund** collection : (Fill in only ONE of these two lines.)

\$ _____ to the Maintenance Fund on the 1st of each month.

\$ _____ to the Maintenance Fund **each** Sunday of the month.

Please know we will continue to send your stewardship envelopes so that you have the option of placing the empty envelope in the collection and expressing symbolically your donation to the Church. This also gives you the opportunity to contribute to special collections as desired.

Please take my contributions from my:

_____ checking account # _____ (attach a voided check)

_____ savings account # _____ (attach a savings deposit slip)

I hereby authorize St. Mark Catholic Church to process debit entries to my account. I have attached either a voided check or a savings deposit slip. This authority will remain in effect until I give reasonable notification (10 business days) to terminate this authorization.

Authorized Signer on my account

Effective Date

Would you like to continue receiving contribution envelopes in the mail?: YES

NO

-----FOR OFFICE USE-----

Date activated: _____

Date of 1st debit process _____

Date activation ceased: _____ (Request in writing attached)

Date of last debit entry _____