

# St. Boniface Parish ACH Contribution Form

I, \_\_\_\_\_ (please print your name) authorize St. Boniface Parish to initiate entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the parish a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 4 business days before my account is charged.

## Stewardship Contributions

Amount of **MONTHLY** \$ \_\_\_\_\_  
*Funds withdrawn on the 15<sup>th</sup> of month*

## Building Fund Contributions

Amount of **MONTHLY** \$ \_\_\_\_\_  
*Funds withdrawn on the 30<sup>th</sup> of month*

**Envelope Number:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Address (please print):** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## **Checking/Savings**

**Financial Institution:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PLEASE INCLUDE VOIDED CHECK WITH FORM**



**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ (date) I authorized St. Boniface Parish, W204 N11940 Goldendale Road, Germantown, WI 53022, Phone# (262) 628-2040, to initiate electronic entries from my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the above address.

Monthly payment: \_\_\_\_\_ 15<sup>th</sup> of every month

Monthly payment: \_\_\_\_\_ 30<sup>th</sup> of every month