

Church of St. Peter  
 2600 N. Margaret Street  
 North St. Paul, MN 55109

**TRANSACTIONS WILL NOT BE  
 PROCESSED FOR 14 DAYS**

<b>For Office Use Only</b>	Envelope # _____	Date _____
<b>Parishioner Authorization Form</b>		
Effective Date: _____		<input type="checkbox"/> Change Contribution Date
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Change Contribution Amount		<input type="checkbox"/> Discontinue Electronic Giving
Name of Parishioner (Please Print) _____		
Address _____		Phone _____
City _____	State _____	Zip _____
<b>Regular Contribution</b>  <input type="checkbox"/> Weekly (Transferred on Mondays)  <input type="checkbox"/> Semimonthly (Transferred on the 1 <sup>st</sup> & 15 <sup>th</sup> )  <input type="checkbox"/> Monthly (Transferred on either the 1 <sup>st</sup> or the 15 <sup>th</sup> ) CIRCLE ONE: 1 <sup>ST</sup> 15 <sup>TH</sup>  <input type="checkbox"/> Quarterly (The 1 <sup>st</sup> of the month beginning _____)  Regular Sunday Contributions \$ _____  Tuition Assistance Fund \$ _____  Other (please specify) \$ _____  <b>Total Contribution Amount \$ _____</b>		<b>Annual Contributions</b>  Christmas \$ _____ (Transferred December 15 <sup>th</sup> )  Other _____ \$ _____  Date of Transfer _____
Please take my contribution directly from the account specified:		
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account
Routing #: _____ <b>Routing number must start with 0, 1, 2, or 3, is 9 digits long,          and is located at bottom of check between these symbols ☐:☐:</b>		Account #: _____
I authorize <b>Church of St. Peter</b> to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.		
Authorized signature on my account: _____		Date: _____
<b>Please attach a voided check.</b>		

