

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

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

For Office Use Only	Envelope # _____	Date _____
Parishioner Authorization Form		
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 _____
Regular Contribution <input type="checkbox"/> Weekly (Transferred on Mondays) <input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th) <input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH <input type="checkbox"/> Quarterly (The 1 st of the month beginning _____) Regular Sunday Contributions \$ _____ Tuition Assistance Fund \$ _____ Other (please specify) \$ _____ Total Contribution Amount \$ _____		Annual Contributions Christmas \$ _____ (Transferred December 15 th) 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 #: _____ Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols : :		Account #: _____
I authorize Church of St. Peter 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: _____
Please attach a voided check.		