

# CHURCH OF ST. ANNE

## Make Your Gifts as Automatic as Prayer Direct Withdrawal Authorization

Name: \_\_\_\_\_ Envelope Number \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I authorize the **Church of St. Anne in Wausau, WI** to withdrawal funds from my bank account for the following donations approximately the **15<sup>th</sup> of every month**:

*Please indicate the dollar amount.*

\_\_\_\_\_ *Stewardship Fund*

***For Special Contributions ie Easter, etc. please send separate check, or let us know when you want us to withdraw from your account.***

**Begin Withdrawal on:** \_\_\_\_\_ (name of month)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

(for confirmation of withdrawal)

Routing # (9 digit): \_\_\_\_\_

Account #: \_\_\_\_\_

### *Checking or Savings*

**PLEASE INCLUDE A VOIDED CHECK WHEN AUTHORIZING FROM YOUR CHECKING. To change amount but not banking information, voided check is not needed.**

***To make any changes to the Withdrawal Authorization, please send request in writing at least five days prior to the date of the change.***