

## Authorization for Direct Withdrawal

I Authorize **Queen of Apostles Congregation** and the financial institution named below to initiate entries from my:

Checking Account

Savings Account

In the Amount of \$ \_\_\_\_\_, to be taken out on the 16th of each month.

**Please note that this is only for the Annual Parish Sacrificial Giving commitment (Weekly Envelopes). This does not include Holy Days, Building Maintenance, Building Fund, Initial Offering, or Catholic Memorial High School.**

This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the parish business manager at **262 691-1535 ext. 104** or my financial institution **4 days before** my account is charged.

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

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*Transit Routing Number*

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

\_\_\_\_\_  
*Account Number*

\_\_\_\_\_  
*Date*

**Please attach a voided check here.**

*Completion of this form allows Queen of Apostles to, monthly -(ON THE 16th OF EACH MONTH), withdraw from your bank account your contribution to the parish and save on the expense of mailing envelopes to your home.*

*Thank you for your consideration of this process.*

*Virginia Johnson, 691-1535 ext. 104*