

Pax Christi Catholic Church

Financial Contribution – Automatic Withdrawal

Pax Christi Catholic Church

4135 18 AVE NW

Rochester, MN 55901

507-282-8542

paxchristchurch.org



Direct Donation	Online Giving
<ul style="list-style-type: none"> Funds are transferred electronically the 20th of each month (EFT) Donation taken out of checking or savings account The same amount is deducted each time Contact the office to change amount End-of year statement is mailed <p><input type="checkbox"/> I wish to sign up for Direct Donation.</p> <p><input type="checkbox"/> I wish to make a change to my Direct Donation. (amount, type of payment, or account number)</p> <p><input type="checkbox"/> I wish to cancel my Direct Donation.</p>	<ul style="list-style-type: none"> Funds are transferred weekly, monthly, quarterly, or annually (EFT) Donation taken out of checking, savings, or credit card account Can give one time or recurring donation Can change amount or account online End of year statement is mailed, can also log in and see donations year-to-date <p><input type="checkbox"/> I wish to sign up for Online Giving.</p> <p><input type="checkbox"/> I wish to make a change to my Online Giving (amount, type of payment, or account number)</p> <p><input type="checkbox"/> I wish to cancel my Online Giving.</p>
<p>Contribution</p> <p>Amount \$ _____ Beginning Date _____</p> <p>Frequency <input type="checkbox"/> monthly</p>	<p>Contribution</p> <p>Amount \$ _____ Beginning Date _____</p> <p>Frequency <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> yearly</p>

_____ From Checking or Savings (please attach a voided check or savings deposit slip)

Name of Financial Institution _____

_____ From Credit Card (Visa or MasterCard) **ONLINE GIVING ONLY**

(Please circle)

_____ Account # _____ expires _____

_____ First Name _____ Last Name _____

_____ Address _____ City, State _____ Zip Code _____

_____ Email Address _____ phone # _____

AUTHORIZATION FOR DIRECT DONATION

I authorize **Pax Christi Church** to initiate entries to my checking, savings, or credit card account. This authority will remain in effect until I notify you in writing to cancel.

_____ Signature _____ Date _____