



THE CHURCH OF SAINT CHARLES BORROMEEO

810 Pearl Street Chippewa Falls, WI 54729 TEL 715-723-4088 EMAIL centraloffice@stcharles-cf.com

AUTOMATIC MONTHLY GIVING AUTHORIZATION FORM

Please complete and return this form to the parish office with a voided check.

Contribution Category	Amount	Annual Total
Weekly Offertory	\$_____ / week × 52	\$_____
Holy Days	\$_____ / month × 12	\$_____
St. Charles Future Fund Trust	\$_____ / month × 12	\$_____
Borromeo Children's Fund	\$_____ / month × 12	\$_____
Anderl Memorial Vocations Fund	\$_____ / month × 12	\$_____
Casa Hogar Juan Pablo II	\$_____ / month × 12	\$_____
Other: _____	\$_____ / month × 12	\$_____
Total Annual Contribution		\$_____

Monthly ACH Withdrawal Amount: Total Annual Contribution ÷ 12 = \$_____ per month

ACH AUTHORIZATION

I authorize St. Charles Borromeo Parish to initiate ACH withdrawals from the account listed below in the amount of \$_____ per month on or about the **fifth day of each month**, beginning _____. I understand that this authorization will remain in effect until I provide written notice of cancellation and allow reasonable time for processing. ACH transactions must comply with applicable U.S. laws and banking regulations.

☐ I have an account with OSV online giving and will stop payments on _____.

BANK ACCOUNT INFORMATION

Financial Institution _____ Account Type: ☐ Checking ☐ Savings

Bank Address _____ City _____ State _____ Zip _____

Routing Number _____ Account Number _____

ACCOUNT HOLDER INFORMATION

Printed Name _____ Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Joint Account Holder (if applicable) _____ Signature _____ Date _____

Attach a voided check.

Thank you for supporting your parish.