



Holy Ghost Parish
 412 South Main Street
 Chippewa Falls, WI 54729

Sign Up Today For EZ Auto Pay!

It's Simple – Just Complete and Return to the Church of Holy Ghost

New weekly giving amount: \$ _____ (wk) x 52 = \$ _____
 Holy Days \$ _____ (day) x 6 = \$ _____
 Easter – *Special Offering* \$ _____
 Christmas – *Special Offering* \$ _____
 Monthly Capital Improvement \$ _____ (month)x 12 = \$ _____
 Other Amount - *Purpose* _____ = \$ _____
 Other Amount - *Purpose* _____ = \$ _____

Total = \$ _____ ÷ 12 =
\$ _____ *Monthly Amount*

Authorization agreement for Automated Clearing House (ACH debits) - automatic transfers among financial institutions. I will continue using my envelopes until the Sunday before the 5th day of _____ (month) at which time The Church of Holy Ghost is hereby authorized to initiate debit entries to my (our) account on the 5th day of each month for the above monthly amount and I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Account # _____ Checking Savings
 Financial Institution: _____ Routing # _____
 Address _____ City _____ State _____ Zip _____

This authorization is to remain in full force and effect until The Church of Holy Ghost has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

x _____ x _____
Signature Date Signature Date

Printed Name: _____ Printed Name: _____

Address _____ City _____ State _____ Zip _____

Please attach a voided check from the account that you wish to use! Thank you.