

# ELECTRONIC GIVING / AUTHORIZATION FORM

St. Charles Borromeo Catholic Church  
4916 Trier Road  
Fort Wayne, Indiana 46815  
(260) 482-2186

I (We) authorize St. Charles Borromeo Catholic Church to initiate debit entries to my (our) savings or checking account and the the Financial Institution indicated below:

NAME: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER:

SAVINGS: \_\_\_\_\_

VERIFY SAVINGS NO. \_\_\_\_\_

CHECKING: \_\_\_\_\_

(Attached Voided Check)

AMOUNT WEEKLY: \_\_\_\_\_ (On Fridays)

AMOUNT MONTHLY: \_\_\_\_\_ (15th of the Month)

AMOUNT QUARTERLY: \_\_\_\_\_ Jan, April, July, Oct  
(15th of the month)

AMOUNT ANNUALLY: \_\_\_\_\_ Please list month \_\_\_\_\_  
(15th of the month)

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CHURCH ENVELOPE # \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR PLACE IN COLLECTION BASKET.

IF THIS AUTHORIZATION NEEDS TO BE CHANGED OR DISCONTINUED,  
IT MUST BE DONE IN WRITING TWO WEEKS PRIOR TO CHANGE.