



St. Luke Catholic Church

Auto-enroll contribution disbursement instructions:

FUND	ONE TIME AMT	WEEKLY AMT	MONTHLY AMT	ANNUAL AMT
Offertory				
Forward With Christ				
Catholic News & Herald				
Priest Retirement				
Flowers				
Campaign for Human Development				
Combined Missions				
Religious Retirement				
National/International Relief				
Priest Retirement				
Diocesan Seminary				
Special Appeal				
We Care (Persons in Need)				
TOTAL CONTRIBUTION(S):				

Account Changes

You may make changes to your auto-draft program by giving the parish written, advanced notice of at least 15 days

If you have questions and/or would like help filling out these forms, please contact Regina Nivens at
704-545-1224 x 11 or send an email to
reginanivens@stlukecatholicminthill.org

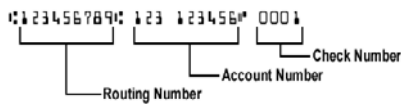
LAST NAME, FIRST NAME

DATE

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AUTHORIZATION FORM

St. Luke Catholic Church

Parishioner Id #		DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
Payment Information (details from previous sheet):		
Date of one time contribution: ____/____/____ Amount : \$_____		Frequency (from above) <input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Recurring: Date of first contribution: ____/____/____ Total amount of recurring contribution: \$ _____ Date of last contribution(leave blank if you would like to continue without end date at this time): ____/____/____		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	
CREDIT/DEBIT CARD	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit card section.

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