



St. Luke Catholic Church

Auto-enroll contribution disbursement instructions:

FUND	ONE TIME AMT	WEEKLY AMT	MONTHLY AMT	ANNUAL AMT
Offertory				
Cornerstone II Campaign				
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 Lori Kissinger at 704-545-1224 x 11 or send an email to LoriKissinger@stlukecatholicminthill.org

LAST NAME, FIRST NAME

DATE

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):		Frequency (from above)	
Date of one time contribution: ____/____/____		<input type="checkbox"/> One-time	
Amount : \$ _____		<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):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		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.

***RETURN COMPLETED PAGES TO THE CHURCH OFFICE - ATTN: LORI KISSINGER**