**St. Alphonsus Catholic Church**

**Direct Debit Collection for the Poor**

**Setup Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) would like to contribute to St. Alphonsus Catholic Church via Direct Debit for the Collection for the Poor.

I (we) agree to have my (our) bank account electronically drafted:

\_\_\_\_\_\_Weekly to be withdrawn every Monday

\_\_\_\_\_\_Monthly to be withdrawn the first Tuesday of each month

For the amount checked below:

$10 \_\_\_\_ $15\_\_\_\_ $20\_\_\_\_ $25\_\_\_\_

$30\_\_\_\_ $40\_\_\_\_ $50\_\_\_\_ $100\_\_\_\_ Other $\_\_\_\_\_\_\_

Or an annual contribution of $\_\_\_\_\_\_\_\_\_ to be made during the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my (our) signature below, I (we) grant St Alphonsus Catholic Church authority to electronically debit my (our) bank account for the amount noted above.

This authorization will remain in effect until revoked by me (us) in writing.

Witness my (our) signature(s) on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_

**(Attach a copy of a voided check)**

Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

St Alphonsus Catholic church is a 501 (C) 3 organization and this donation is entirely deductible under current tax law.

Our Tax ID is 64-0354038

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| Please mail completed form to:  St. Alphonsus Catholic Church  502 Jackson Avenue  Ocean Springs, MS 39564  Or Email form to: stalparishos@gmail.com | Questions  Please contact Shannon  at 228-875-5419  or stalparishos@gmail.comf |