



Electronic Contribution Form

Envelope # _____

Contribution Amount \$ _____ Effective Date _____

Contribution to be taken out on the:

- ☐ 1st of each month
- ☐ 15th of each month
- ☐ Split between the 1st and 15th of each month

Name on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

Please accept my ongoing contribution from my: **(Please check one)**

- ☐ Checking account – **(attach a voided check)**
- ☐ Savings account – **(attach a savings deposit slip)**

I authorize **St. Henry's Catholic Church** to process debit entries to my account.

I have attached a voided check or savings deposit slip. The authority will remain in effect until I give a 15-business day notification to terminate the authorization.

Authorized signature on my account

Date

Below will be filled out by the parish office:

Bank Name: United Community Bank

Acct # _____ Bank Routing # _____

Note: If your account is at another bank besides United Community, please go to your bank's website. Click on online banking and schedule the transfer. **Please list your Envelope # in the memo line.** If the envelope number is not referred, we may not be able to match it up with your contributions.

| Special One-Time Donations |
|---|
| Easter Donation (April 1st) |
| Amount _____ |
| June Donation (June 1st) |
| Amount _____ |
| Fall Donation (Sept. 1st) |
| Amount _____ |
| Christmas Donation (Dec 25) |
| Amount _____ |