

Authorization for Direct Payment

I authorize Saint Dennis Congregation and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Saint Dennis in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Please Print

Name of financial institution:
Branch address:
City:
State:
Zip:

Account Number: _____ Check one: Checking _____ Savings _____

Routing number: _____

Withdraw \$ _____ for Saint Dennis Parish Offertory Program (check one below)

_____ monthly on the 10th _____ monthly on the 20th
_____ quarterly on the 10th of January, April, July, October
_____ semi-annually on the 10th of January, July

Withdraw \$ _____ for Saint Dennis Parish Spirit First (check one below)

_____ monthly on the 10th _____ monthly on the 20th
_____ quarterly on the 10th of January, April, July, October
_____ semi-annually on the 10th of January, July

Withdraw \$ _____ for Saint Dennis Educational Endowment, which assists both the school and parish educational purposes. (check one below)

_____ monthly on the 10th _____ monthly on the 20th
_____ quarterly on the 10th of January, April, July, October
_____ semi-annually on the 10th of January, July

Please attach a VOIDED check to activate this program.

On _____ (date), I authorize Saint Dennis Congregation, 413 Dempsey Road, Madison, WI 53714, to initiate electronic entries to my checking/savings account and have agreed to the terms listed above.

I may revoke my authorization with Saint Dennis at any time by writing to the address above.

Signature: _____ Date: _____

Return this form before the first of the month to have it in effect for *that month*. Your participation in direct payment is very helpful to Saint Dennis' ability to provide ongoing programs and services for your faith community. Thank you.