

**ELECTRONIC GIVING/AUTHORIZATION FORM**

**St. Charles Borromeo Catholic Church  
4916 Trier Road  
Fort Wayne, IN 46815  
(260) 482-2186**

**I (We) authorize St. Charles Borromeo Catholic Church to process debit entries to my (our) checking or savings account and the Financial Institution indicated below. I will give reasonable notification to terminate this authorization.**

**FINANCIAL INSTITUTION** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER:**

**SAVINGS** \_\_\_\_\_

**VERIFY SAVINGS NO.** \_\_\_\_\_

**CHECKING** \_\_\_\_\_

**Attach voided check**

**AMOUNT WEEKLY** \_\_\_\_\_ **Every Thursday**

**AMOUNT MONTHLY** \_\_\_\_\_ **15<sup>th</sup> of the month**

**AMOUNT QUARTERLY** \_\_\_\_\_ **Jan, April, July, Oct  
(15<sup>th</sup> of the month)**

**AMOUNT ANNUALLY** \_\_\_\_\_

**Please list month** \_\_\_\_\_ **15<sup>th</sup> of the month**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ENVELOPE #** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR PLACE IN  
COLLECTION BASKET.**

**IF THIS AUTHORIZATION NEEDS TO BE CHANGED OR DISCONTINUED,  
IT MUST BE DONE IN WRITING TWO WEEKS PRIOR TO CHANGE.**