

ELECTRONIC GIVING / AUTHORIZATION FORM

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

I (we) authorize St. Charles Borromeo Catholic Church to initiate debit entries to my (our) savings or checking account and the Financial Institution indicated below.

FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER:

SAVINGS: _____

VERIFY SAVINGS NO: _____

CHECKING: _____

Attach voided check

AMOUNT WEEKLY: _____ **(Every Thursday)**

AMOUNT MONTHLY: _____ **15th of the month**

AMOUNT QUARTERLY: _____ **Jan, April, July, Oct
(15th of the month)**

AMOUNT ANNUALLY: _____

Please list month _____ **15th 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.**