St. Gregory the Great Parish
Parishioner Direct Payment Authorization Form

Instructions:
1. Complete the parishioner name and address information
2. Designate whether this is a new authorization, change in authorization amount or a change in the account information
3. Select giving frequency and enter a start date (if selecting monthly make sure to check which date you want the transaction made
4. Designate total giving by specific fund. The direct payment program enables you to contribute to your choice of four parish funds:
   General Parish Fund
   Building Fund
   Life Teen
   Please write in the total amount of your contribution where indicated
5. Designate account type, routing number and account number
6. Sign on the authorized signature line
7. If this is a new authorization or a change in account make sure to attach a voided check or savings deposit slip
8. Place your completed form into a sealed #10 envelope marked "Stewardship" and return it to your parish office
If you have any questions about the Direct Payment Program or this form please call Patti Penkalski at 543-8292 for additional information.

Parishioner Name (please print) _____ Phone Number_____

Address_____City_____State_____Zip_____

☐ **New Authorization**   ☐ **Change in Authorization Amount**   ☐ **Change in Account Info**

FREQUENCY

☐ Annual *(will be transferred on start date)*

☐ Weekly *(will be transferred on Mondays)*

☐ Monthly *(will be transferred on either the 1st or the 15th of each month - Indicate choice of date below)*
   ☐ transfer on the 1st
   ☐ transfer on the 15th

Start Date_____   *if no date is filled in, the first transaction will be on the next applicable transfer date*

GIVING DESIGNATION

Fund	Amount
1. General	$_____
2. Building Fund	$_____
3. Life Teen	$_____
4. SVDP	$_____
5. St. Ben's	$_____

$_____ **Total Contribution Amount**

Please deduct my contribution directly from my:

☐ Checking Account (attach a voided check)   Routing #_____

Checking Account #_____

or

☐ Savings Account (attach a savings deposit slip)   Routing #_____

Savings Account #_____

I authorize my congregation to process debit entries to my account listed above. I have attached a voided check or savings deposit slip. **This authority will remain in effect until I give reasonable notice to terminate this authorization.**

Authorized signature on my account_____