

# St. Roman Parish Electronic Contribution Authorization

Member ID (Envelope) Number \_\_\_\_\_

\_\_\_\_\_ Please discontinue my monthly envelopes. **OR** \_\_\_\_\_ Do not cancel my envelopes.

Amount to be deducted Monthly on the 15th of the Month \$ \_\_\_\_\_

First Withdrawal Date \_\_\_\_\_ 15, \_\_\_\_\_  
(Month) (Year)

Please accept my ongoing contribution from my: (check one of the following)

\_\_\_\_\_ Checking Account (Attach a VOIDED check)

\_\_\_\_\_ Savings Account (Attach a savings deposit slip)

Name on Account (PLEASE PRINT) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing number (between these symbols | : | ) \_\_\_\_\_

Account number \_\_\_\_\_

I authorize St. Roman Parish to process debit entries to my account. I have attached a voided check or savings deposit slip below. This authority will remain in effect until I give reasonable notification to terminate this authorization.

\_\_\_\_\_  
Authorized signature on account

\_\_\_\_\_  
Date

**Attach Voided Check or Deposit Slip Here!**