



*Forming the saints God is calling us to be by providing faithful teaching, authentic worship, and compassionate service. Our faith and actions nourish engaged Catholics, inspire unengaged Catholics, and invite all to Christ's Church.*

Parish Office • 25743 State Route 1, Guilford, IN 47022  
Tel 812-576-4302 • Fax 812-576-2324 • www.allsaintscatholic.net

## Automatic Debit Authorization Form for Sunday Collections

(Please return completed form to the Parish Office)

(Check all that apply)

- New Enrollment       Name/Address Change       Change Withdrawal Amount  
 Change Frequency       Stop Payment       Change Account Information

All Saints Parish will electronically debit funds from your account according to the following terms:

Account Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Collection Envelope Number: \_\_\_\_\_

Email address for confirmation notices: \_\_\_\_\_

Amount per withdrawal for Sunday Collection: \$ \_\_\_\_\_

Frequency:      Weekly      Monthly

Name of Bank: \_\_\_\_\_ Please attach a copy of a voided check or savings deposit slip.

Bank Branch Location: \_\_\_\_\_ Type of Bank Account:      Checking      Savings  
City      State      Zip Code

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Said \$ \_\_\_\_\_ is to be applied to contribution envelope number: \_\_\_\_\_

at All Saints Parish based on the frequency rate specified above.

I hereby authorize said church to electronically transfer funds from my account according to the above terms.

\_\_\_\_\_  
*An electronic transfer deemed non-sufficient will be re-presented to your financial institution for its face value.  
The account holder will be responsible for non-sufficient charges regulated by your bank.*