



SAINT PATRICK PARISH

THE CATHOLIC COMMUNITY OF HUDSON, WISCONSIN

Authorization for Electronic Payment to Saint Patrick Parish

Name (Please Print) _____

Address _____

Phone Number _____

Checking or Savings Account Number _____

Financial Institution Name _____

Financial Institution Routing Number _____

Please attach a voided check.

I authorize Saint Patrick Parish to initiate electronic entries to my checking account on the

1st of the month \$ _____

15th of the month \$ _____

20th of the month \$ _____

Total of Church Tithing Annually \$ _____

Initiate Start Date ____/____/____

Signature _____

Today's Date ____/____/____