

AUTHORIZATION FORM FOR DIRECT-DRAFT DONATIONS

I hereby authorize Saint Francis of Assisi Parish to draw my donation to the church from my

_____ account at _____.

(e.g. checking, savings)

(Name of Banking Institution)

I authorize the parish to draw \$ _____ on a (weekly / monthly) basis.
(circle one)

My bank account number is _____ and my bank routing number is

_____.

Please continue to draw this amount from this account until I notify you. I will notify you of any change of account(s) that may occur.

Signature

Date

Printed Name

Budget Number

Address

Phone

City, ST Zip

Please attach copy of a VOIDED blank check here for verification.

Information will be kept confidential.

In order to process your request, please complete and return this form to:

St. Francis of Assisi Parish

270 Ocean Grove Avenue

Swansea, MA 02777