



St. Ann Catholic Church  
Parishioner Enrollment Form

For your convenience and to improve the efficiency of our church, St. Ann's has set up an Offertory Auto-Draft system. Say "bye-bye" to writing checks each week during Mass. On the 5<sup>th</sup> of each month your bank will transfer your pledge to the St. Ann's account at no charge.

Please complete the following, and attach a **voided check** (or savings deposit slip if savings account draft only).

Please indicate enrollment: \_\_\_\_\_ Offertory Auto-Draft **OR** \_\_\_\_\_ Capital Campaign Auto-Draft

Name \_\_\_\_\_ Envelope # \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip code \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

City, State \_\_\_\_\_

Please indicate account type: \_\_\_\_\_ Checking **OR** \_\_\_\_\_ Savings

Bank's ABA Routing Number: (First group of numbers at the bottom left of your check; usually eight or nine digits.)

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Your Checking (or Savings) Account Number: (Group of numbers from ":" to right of ABA number at the bottom of your check; number of digits may vary.)

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Amount of **each** payment to be debited: \$ \_\_\_\_\_ .00

I (we) \_\_\_\_\_ authorize St. Ann Catholic Church to make regular debit  
(Print Name)

entries (deductions) from the checking (or savings) account listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization is to remain in full force and effect until St. Ann Catholic Church and the financial institution named here have received written notification from me (us) of its termination in such time and such manner as to afford St. Ann Catholic Church and the Financial Institution above a reasonable opportunity to act on it (minimum of 30 days).

Please return this form along with a **voided check** (or savings deposit slip) to St. Ann Catholic Church.

**NOTE:** It will take approximately 30 days after this form is submitted to St. Ann's for the first payment draft to commence.