



St. Bridget of Sweden
Catholic Church

**Electronic Giving
Authorization Form**

St. Bridget of Sweden

ES8352

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Type of Authorization Form: New authorization Change banking/credit card information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name

First Name

Address

City

State

Zip

Date of first donation: _____/_____/_____

Frequency of donation: (please check only one)

Church fund designations and amounts:

- Monthly on the 1st
- Semi-Monthly . 1st and 15th
- Weekly - Mondays

- General Fund \$ _____
- Building Fund \$ _____
- Community Giving \$ _____

Special Instructions:

Total \$ _____

Annual contributions:

- Easter Offering \$ _____ Transferred on April 1st
- Christmas Offering \$ _____ Transferred on December 15th
- _____ \$ _____ Date to be transferred ____/____/____
- _____ \$ _____ Date to be transferred ____/____/____

CHECKING / SAVINGS

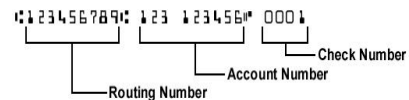
Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the Church of St Bridget of Sweden and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please drop off or mail to the parish office.

**P.O. Box 754
Lindstrom, MN 55045**

Thank You for your support