

Christ the King Catholic Church
Simplified Giving

Authorization Agreement
for Automatic Withdrawal (EFT)

Use this form to enroll in automated giving to our parish.
ALL INFORMATION WILL REMAIN CONFIDENTIAL

I WANT MY AUTOMATIC WITHDRAWAL TO COME FROM...

- Checking (attach voided check)
- Savings or money market account & routing numbers: _____

I WANT THE WITHDRAWAL TO OCCUR...

- Monthly (1st Tuesday*)
- Weekly (each Tuesday*)

I WANT THE AMOUNT OF MY DONATION EACH TIME TO BE...

- \$500
 - \$250
 - \$100
 - \$50
 - \$25
- } OR Other \$_____ (please specify amount)

I hereby authorize Christ the King Catholic Church to debit the amount specified above for financial support of my parish. I understand that I can change the amount or terms at any time by contacting the office and will allow a reasonable time for them to act upon my request.

NAME (PLEASE PRINT) TODAY'S DATE

SIGNATURE

EMAIL ADDRESS ENVELOPE #, IF KNOWN

*Transfers will typically be initiated on Tuesday, and you will see account activity on Wednesday; however, on some occasions, there may be a delay of 1-2 days.

Please return this completed form to the secure area in the parish office. We will send you confirmation of your enrollment.