



THE CHURCH OF ST. DOMINIC

2017 Authorization/Change form for Electronic Contributions

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Name:	Envelope Number:
Address:	Phone:
City, State, Zip	
Start/Change effective date: _____ (please check all that apply below) <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount <input type="checkbox"/> Discontinue Electronic Contribution <input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Contribution Date	

FUND	AMOUNT	FREQUENCY	TRANSFER DATE
Regular Sunday Giving	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Transfers on the 20 th of month Specify month for annual Donation _____
Parish Property Maintenance Fund	\$ _____	Once a Year (Annually)	_____ specify date
St. Dominic School Scholarship Fund	\$ _____	Once a Year (Annually)	_____ specify date
Solemnity of Mary – Jan. 1	\$ _____	Once a Year (Annually)	Transfers January 2
Holyland-Good Friday	\$ _____	Once a Year (Annually)	Transfers April 13
Easter	\$ _____	Once a Year (Annually)	Transfers April 17
Peter’s Pence	\$ _____	Once a Year (Annually)	Transfers July 6
Feast of the Assumption	\$ _____	Once a Year (Annually)	Transfers August 15
World Mission Sunday	\$ _____	Once a Year (Annually)	Transfers October 23
All Saints Day	\$ _____	Once a Year (Annually)	Transfers November 1
Campaign for Human Development	\$ _____	Once a Year (Annually)	Transfers November 20
Immaculate Conception	\$ _____	Once a Year (Annually)	Transfers on December 8
Retirement Fund for Religious	\$ _____	Once a Year (Annually)	Transfers December 11
Christmas	\$ _____	Once a Year (Annually)	Transfers on December 27

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Please take my contributions indicated on Page 1 directly from the account specified below:	
<input type="checkbox"/> Checking Account (<i>attach a voided check</i>)	<input type="checkbox"/> Savings Account (<i>attach savings deposit slip</i>)
Bank Routing Number: _____	Account Number:
(the 9 digit number between the I : symbols)	
I authorize St. Dominic Catholic Church and First National Bank of Northfield to initiate debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.	
Authorized signature on Account: _____ Date: _____	

◇ You must **attach** a voided check or savings deposit slip, thank you. ◇

FOR OFFICE USE ONLY

Office Processing date: _____	Completed by: _____
<input type="checkbox"/> Contributions entered SDC	<input type="checkbox"/> Confirmation letter sent
<input type="checkbox"/> Contributions entered at Bank	