

MONTHLY AUTOMATIC DONATION SIGN-UP FORM

Check One: (1) New Registration ____ or (2) Currently Enrolled but want to make the changes below ____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone #(s): _____

By signing below, you authorize St. Mary's Orthodox Cathedral to initiate ongoing ACH debits to collect donations using your provided account information. This authorization will remain in full force and effect unless you request your donation(s) to be changed or stopped.

Bank Name: _____

Bank Account #: _____

GENERAL FUND Monthly Donation Amount: \$ _____

In addition to my general fund donation, I would also like to make monthly donations to:

Cemetery Operating Fund \$ _____

Cathedral Repairs Fund \$ _____

Parish Homes Fund \$ _____

Payment Options (Check one):

____ Withdraw above amounts on 1st day of every month.

____ Withdraw above amounts on 15th day of every month.

____ Split my donations: Withdraw half of my monthly amounts on the 1st day of every month and the remaining half on the 15th day of every month.

Signature: _____ Date: _____

NOTE: Donation withdrawals will begin the first month after the office receives your form. You will receive an Email confirmation of your start date. If you have any questions, please contact the church office at 612-781-7667 or email donations@stmarysoca.org.

******* PLEASE ATTACH A VOIDED CHECK FROM YOUR BANK ACCOUNT *******

STAPLE VOIDED CHECK HERE

Office Use Only: Envelope # _____ NE Bank _____ W/S _____ Email Confirm _____ Start Date _____