

**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** \$ \_\_\_\_\_

**Kitchen Project Fund** \$ \_\_\_\_\_

**Payment Options (Check one):**

\_\_\_\_ Withdraw above amounts on 1<sup>st</sup> day of every month.

\_\_\_\_ Withdraw above amounts on 15<sup>th</sup> day of every month.

\_\_\_\_ Split my donations: Withdraw half of my monthly amounts on the 1<sup>st</sup> day of every month and the remaining half on the 15<sup>th</sup> 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](mailto: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 \_\_\_\_\_