

Authorization for Automatic Withdrawals

I hereby authorize St. Stephen Catholic Church to initiate electronic deduction from my account as indicated below, and the depository named below to apply the same to such account. All ACH transactions originated will comply with the laws of the United States.

ACCOUNT INFORMATION

Name _____ Phone Number _____

Address _____

Bank Routing Number _____ Account Number _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

This authority is to remain in full force and effect until St. Stephen Catholic Church has received written notification from me of its termination in such time and in such manner as to afford St. Stephen Catholic Church and the depository a reasonable opportunity to act on it.

Signature _____ Date _____

(Type name if sending electronically)

	Amount	Weekly Every Friday	Bi-weekly Every other Friday	Monthly On the 1 st of the month	Monthly On the 15 th of the Month
Stewardship					
Building Fund					

Thank you for your stewardship. You can drop this form in the weekend collection, drop it by the office, or mail it to St. Stephen Church, Accounting Office, 1300 NE J Street, Bentonville, AR 72712. You may also email it to accounting@ststephenbentonville.com, along with a copy of a voided check.