

St. Mary Magdalen Parish
7 Sharpley Road
Wilmington, DE 19803
(302)652-6800

Authorization for Electronic Contribution

Parishioner Name: _____ Envelope # _____

Street: _____

City: _____ State: _____ Zip code: _____

Effective date _____

Please check box

- Start (New Authorization)
- Change contribution amount
- Change contribution date
- Change account #or bank
- Discontinue electronic contributions
(14 days notice required)

Regular Contribution

Amount _____

Weekly (Mondays)

Monthly (choose) 5th or 20th

If you want to make other arrangements,
please contact the Parish office.

Special Contributions

Easter (April 1st) Amount _____

Christmas (December 15th) Amount _____

Please take my contribution from my account at:

Bank Name _____ Routing Number _____

Checking account # _____ or Savings account # _____

I hereby authorize St. Mary Magdalen Parish to process debit entries to my account as instructed above. This authorization will remain in effect until I give reasonable notification to modify or terminate this authorization. I understand that if this authorization fails for any reason within my control, I will be charged a \$10 processing fee. I understand that, if the date listed above is a holiday or weekend, the deduction will be made on the next business day.

Authorized signature _____ Date _____