Parishioner Enrollment Form for Auto-Draft

Parish: ***St. Luke Catholic Church*** Fed. ID #: ***56-1579581***

For your convenience we have set up an Auto Draft System through our parish account at Wachovia Bank. We can collect your monthly contribution by drafting either your checking or savings account. At no time do we have knowledge of your account balance. You can elect to have your account debited on the 1st or 15th of the month, or both. Please enclose a "voided" check with this form.

Please complete the following monthly payment options by checking the appropriate boxes:

Payment Frequency Option (Must check one)	Auto Draft Dates (Must check one)
One payment in the amount of $ _____	☐ 1st of month ☐ 15th of month
OR	
Two equal payments of $ _____	☐ 1st and 15th of month
$ Horizon $ Offertory *(Please note above amount for each)*	

Account Changes

You may make changes to your auto-draft program by giving the parish written, advanced notice of at least 15 days.

Auto Draft Authorization

I have enclosed a "voided" check for the account that I would like to have drafted. I (we) hereby authorize below, hereinafter called Depository, to debit the same such account. The authority is to remain in full force and effect until the parish and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Parish and depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to the Depository as such to afford a reasonable opportunity to act on it prior to changing account. After cancellation, I (we) have the right to have the amount of erroneous debit credited to my account by Depository, provided I (we) send written notice of such debit entry in error to Depository within 15 days following issuance statement or 45 days after posting, whichever occurs first.

Name Street Address Phone #

City State Zip Code E-mail Address

Date Family ID# (if known) Signature (**REQUIRED**)

Bank Routing Number Checking or Savings Account Number

Please attach a voided check with this form