



1321 N. Stratford Ln. Wichita, KS 67206

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AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

I (we) hereby authorize St. Thomas Aquinas Catholic Church, hereinafter called St. Thomas, to initiate debit entries to my (our) checking or savings account as follows:

Tithe – Regular Contributions

- Weekly – On Monday of each week in the amount of \$ _____
- Every Other Week – On Monday of every other week in the amount of \$ _____
- Twice per Month – On the 1st and 15th days of each month in the amount of \$ _____
- Once per Month – On the 1st day of every month in the amount of \$ _____
- Once per Month – On the 15th day of every month in the amount of \$ _____

Altar Flowers

- Weekly – On Monday of each week in the amount of \$ _____
- Every Other Week – On Monday of every other week in the amount of \$ _____
- Twice per Month – On the 1st and 15th days of each month in the amount of \$ _____
- Once per Month – On the 1st day of every month in the amount of \$ _____
- Once per Month – On the 15th day of every month in the amount of \$ _____

Building Preservation

- Weekly – On Monday of each week in the amount of \$ _____
- Every Other Week – On Monday of every other week in the amount of \$ _____
- Twice per Month – On the 1st and 15th days of each month in the amount of \$ _____
- Once per Month – On the 1st day of every month in the amount of \$ _____
- Once per Month – On the 15th day of every month in the amount of \$ _____

Mission Outreach

- Weekly – On Monday of each week in the amount of \$ _____
- Every Other Week – On Monday of every other week in the amount of \$ _____
- Twice per Month – On the 1st and 15th days of each month in the amount of \$ _____
- Once per Month – On the 1st day of every month in the amount of \$ _____
- Once per Month – On the 15th day of every month in the amount of \$ _____

I (we) acknowledge that the origination of automatic withdrawal transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name: _____ Checking Savings

Routing Number: _____ Account Number: _____

This authorization is to remain in effect until St. Thomas has received written notification from me (us) of its termination in such time as to afford St. Thomas and its bank to reasonably act on it.

Name(s): _____ Envelope Number: _____

Signature: _____ Signature: _____

Entered into system: _____

For St. Thomas Aquinas office use only