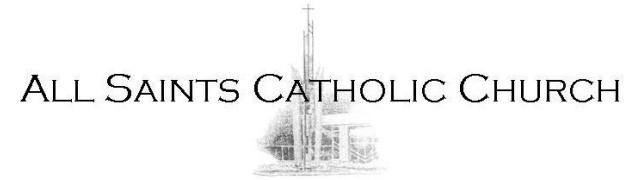


All Saints Catholic Church  
Parishioner Authorization Form

Envelope Number \_\_\_\_\_



Please check the one box that applies:

- New Authorization
- Change Contribution Date
- Discontinue Electronic Contribution
- Change Contribution Amount
- Change Banking Information

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

( ) \_\_\_\_\_

Daytime Phone Number where you can be reached for questions

Frequency of withdrawal, please check fund below and indicate **AMOUNT**.

**Weekly** will be withdrawn **each Monday**  Stewardship of Treasure \$ \_\_\_\_\_  Building Maint. \$ \_\_\_\_\_

**Semi-Monthly** (15th & 30th)  Stewardship of Treasure \$ \_\_\_\_\_  Building Maint. \$ \_\_\_\_\_

**Bi-Weekly** (every other week on Friday)  Stewardship of Treasure \$ \_\_\_\_\_  Building Maint. \$ \_\_\_\_\_

**Monthly** (on the last day of the month)  Stewardship of Treasure \$ \_\_\_\_\_  Building Maint. \$ \_\_\_\_\_

**Quarterly** on the last day of the quarter  Stewardship of Treasure \$ \_\_\_\_\_  Building Maint. \$ \_\_\_\_\_

Start Withdrawal on: \_\_\_\_\_ (Date *must* be entered)

Please write in contribution amounts for the Holidays below.

Easter-World Missions/Peter's Pence (withdrawn on April 1st) \$ \_\_\_\_\_

Christmas-Retired Priest & Seminarians (withdrawn on December 20th) \$ \_\_\_\_\_

Checking Account

Savings Account

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize All Saints Catholic Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature - **MUST BE SIGNED**

Date

# SIMPLIFIED TITHING PROGRAM

3205 E. Grand  
Wichita, KS 67218

316-682-1415

[www.allsaintswichita.com](http://www.allsaintswichita.com)