

St John Vianney Catholic Church
609 N Quaw Blvd
Belgrade MT 59714

Church Name St John Vianney Catholic Church	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following:	
<input type="checkbox"/> New Payment from Account Specified Below <i>(One account only, please.)</i>	
<input type="checkbox"/> Change Indicated Below	
<input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information	
<i>(Provide information below for one account only.)</i>	
Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date	

Sunday Offering Pledge

Payment Schedule	Amount	Payment Start Date	Collection Date(s) <i>(Choose one date for withdrawal from your account)</i>
<input type="checkbox"/> Monthly	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.