

St. Bernard Church Direct Debit Payment Plan

*Complete this form, attach a voided check,
and return to the Parish Center.*

St. Bernard Church Direct Debit (ACH) Authorization

Select Payment Type: Checking Account Savings Account

Please attach a voided check or a savings account deposit slip.

Capital Campaign

Outstanding Pledge: \$ _____ Monthly Debit Amount \$ _____
(Amounts deducted from your account on the 10th of the month)

Offertory Budget

Weekly Debit: \$ _____ *or* Monthly Debit: \$ _____
(Deducted every Monday) (Deducted the 5th of every month)

Maintenance Collection

Monthly Debit: \$ _____ *(Deducted around the 20th of each month)*

I authorize St. Bernard Church to charge my checking/savings account for the amount(s) noted above. This authorization will remain in force and effect until St. Bernard's receives written notice from me of its termination or in the case of a capital campaign pledge, until the pledge is complete.

Name (please print) : _____

Signature

Date

Email Address

Telephone #