

ST. CHARLES PARISH

Personally Approved Payment Authorization

Please complete all sections below to initiate contributions directly from your account to St. Charles Parish.

**A blank cheque marked
“VOID” must be included with this form.**

Contributors Name	Telephone #
Address	City
Postal Code	Envelope Number
Bank Name	Branch
Branch Number	Bank Number
Account Number	

I (we) as the account holder(s), hereby authorize St. Charles Parish to debit my (our) account until such a time as notice is given by me (us) to St. Charles Parish to stop authorized withdrawal from this account.

Regular Sunday Donation	\$
Debt Retirement	\$

Please notify us with any changes in your account information. Your account will be debited on the first of every month – if the first of the month coincides with a weekend or holiday, your account will be debited on the first business day.