

St. Stanislaus Church

6418 Rt W Jefferson City MO 65101-9702

Please only fill out this form if you are newly signing up for electronic contribution or if you are making a change.

Yes! I'd like to sign up for Electronic Contribution!

This is a change to my current Electronic Contribution

FOR OFFICE USE ONLY		Member Envelope #:	
Contribution Information	Contribution Amount Collected (check one):		
	\$ _____	<input type="checkbox"/>	Monthly (The 5th or 20th - CIRCLE ONE)
	\$ _____	<input type="checkbox"/>	Semi-Monthly (The 5th and the 20th)
Electronic Contributions will go into effect the next processing date (5th or 20th) after they are received by St. Stanislaus bookkeepers. If you would like for your contribution to go into effect on a later processing date, please list the date here:			
Date: _____			
Last Name:		First Name:	MI
Address:			
City:		State:	Zip Code:
Please accept my ongoing contribution from my:		<input type="checkbox"/> Checking Account (attach a voided check)	
		<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Bank Name:			
Bank Location (Street Address):			
City:		State:	Zip Code:
Account Number:		Transit Routing Number:	
<p>I authorize St. Stanislaus Parish to debit the account in the financial institution indicated above. Such debit will be made on each succeeding month, unless I choose to terminate this agreement in writing to St. Stanislaus Parish. Any such notification shall become effective following receipt after reasonable opportunity to act on it. In the event that St. Stanislaus Parish debits this account erroneously, I authorize St. Stanislaus Parish to credit my account for an amount not to exceed the original transaction.</p> <p>I recognize that it is my sole responsibility and duty to verify my account balance prior to drawing on the account.</p>			
Authorized signature on my account:			Date:
Email Address: _____			
		revised 08/07/2025	
		Attach voided check or savings deposit slip here.	