

ELECTRONIC DEBIT AUTHORIZATION

Christ the King Parish

1930 Barberry Drive
Springfield, IL 62704
(217) 546-3527

_____ New Enrollment

_____ Change/Increase to Current Enrollment
(Must be submitted 7 days prior)

The undersigned hereby authorizes Christ the King Parish to debit my bank account for *Sunday Offerings* using the following information:

Name(s) on Account: _____

Bank Name: _____

Routing Number: _____
(nine digit number located on bottom left hand side of your check)

Account Number: _____
(group of numbers located in the center of the bottom of your check)

Type of account: _____ Checking _____ Savings

Frequency of Contribution: _____ Weekly (Every Monday*) Amount: _____

_____ Monthly (1st* of each month) Amount: _____

OR

_____ Monthly (15th* of each month) Amount: _____

*Deduction will occur the next business day if this date falls on a weekend or holiday.

First Withdrawal Date: _____

Parishioner Address: _____

Parishioner E-Mail: _____ Parishioner Phone: _____

Parishioner/Account Holder Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK

Please note: Special collection envelopes will be mailed to you on a quarterly basis. Contact Nicole Bull-
Eguez in the parish office at (217) 546-3527 or eguez@ctkparish.com with any questions or concerns.