

**AUTOMATIC OFFERING PLAN
EASY SIGN UP FOR ELECTRONIC GIVING**

I authorize

**St. Francis de Sales Church
2929 McCracken St.
Muskegon, MI 49441**

to withdraw automatically my pledged offering from:

Name of Financial Institution

Routing & Account number

(Please include a voided check to provide accurate information.)

This authority will remain in effect until I notify
St. Francis de Sales Church in writing to cancel, at least
one week prior to the next withdrawal date.

Circle one: weekly \$ _____ (every Monday)

monthly \$ _____ (15th of each month)

bimonthly \$ _____ (2nd /4th Mondays)

end of the month \$ _____ (30th of each month)

*Donations are withdrawn on Monday's
(unless otherwise specified)*

PERSONAL INFORMATION:

Last Name

First Name

Street Address

City

Zip

Phone