



St. John the Evangelist Church
AUTOMATIC DONATION
PAYMENT OPTION PLAN

BANK DRAFT PAYMENT PLAN

I HEREBY AUTHORIZE St. John the Evangelist Church to draft the account designated below for payment of my regular Sunday contribution(s). **I understand that I still need to drop my envelope into the collection basket for attendance purposes.**

Please debit the account indicated below in the amount of \$ _____ on the fifteenth day of each month.

Signature _____ Date _____

Parish Envelope # _____ Social Security # _____

(needed for Bank Authorization)

Name of Banking Institution _____

Address of Banking Institution _____

Check Rounting # _____ Check Account # _____

Please attach a VOIDED check