

St. Bernadette Catholic Church, Milwaukee ACH Contribution Form

I, _____, (*please print your name*) authorize St. Bernadette to initiate a one-time withdrawal from my checking/savings account as a contribution or memorial for _____.

CONTRIBUTION

Amount of contribution: \$ _____ Deduct on the _____ day of _____.

Name (*please print*): _____

Address (*please print*): _____

City, State, Zip Code: _____

Phone: _____ **E-mail:** _____

CHECKING: _____ **OR** **SAVINGS:** _____

Financial Institution: _____

City, State, Zip Code: _____

Routing Number: _____ **Account Number:** _____

Your Signature: _____

RETAIN FOR YOUR RECORDS

On _____ (*date*) I authorized St. Bernadette Catholic Church, 8200 West Denver Avenue, Milwaukee, WI 53223, phone 414-358-4600, to initiate a one-time withdrawal from my checking/savings account.

Amount: \$ _____ deducted on the _____ day of _____