



St. Joan of Arc Church
 4537 Third Av. S.
 Mpls., MN. 55419-2111

To increase please fill out this side.

Authorization Form

I wish to change the amount of my automatic withdrawal:

***Automatic Withdrawal—Please Choose:** WEEKLY BI-WEEKLY MONTHLY

Please have \$ _____ automatically deducted from my checking account until I notify you otherwise.

PLEASE ATTACH A VOIDED CHECK. Do not use a deposit slip.

Print Name _____ Signature _____

Address _____ Date _____



St. Joan of Arc Church
 4537 Third Ave. S.
 Mpls., MN. 55409-2111

To begin automatic withdrawals/payments fill out this side.

Authorization Form

***Automatic Withdrawal—Please Choose:** WEEKLY BI-WEEKLY MONTHLY

Please have \$ _____ automatically deducted from my checking account until I notify you otherwise.

PLEASE ATTACH A VOIDED CHECK. Do not use a deposit slip.

***Credit Card—Please Choose:** WEEKLY BI-WEEKLY MONTHLY

Please charge \$ _____ to my MasterCard Visa Discover

Card # _____ Expiration Date _____

Print Name _____ Signature _____

Address _____ Date _____