

Electronic Transfer of Donations

Christ the King Catholic Church  
 3001 Belmont Boulevard  
 Nashville TN 37212

ES2021

<b>For Office Use Only</b>	Envelope#	Date
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**Member Authorization Form**

Effective Date: \_\_\_\_\_

- New Authorization
- Change Contribution Amount

- Change contribution Date
- Change Financial Institution Account
- Discontinue Electronic Contribution

Name of Member (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City	State	Zip
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**REGULAR CONTRIBUTION**

- |  |  |
|--|--|
| <input type="checkbox"/> Weekly (Transferred on Monday)          | <input type="checkbox"/> Monthly (Transferred on either the 1st or the 15th of each month)<br><b>CIRCLE ONE: 1ST OR 15TH</b> |
| <input type="checkbox"/> Semimonthly (Transferred on 1st & 15th) | <input type="checkbox"/> Quarterly (January, April, July & October)<br>Transferred the 1st of the month                      |

Sunday Church Collection	\$ _____.	Diocesan BSA	\$ _____.
School Scholarship Fund	\$ _____.	Building Fund	\$ _____.
School Annual Giving Fund	\$ _____.		

**Total Amount Per Contribution**      \$ \_\_\_\_\_.

Please take my contribution directly from the account specified:

- |   |  |
|---|--|
| <input type="checkbox"/> Checking Account (attach a voided check) | <input type="checkbox"/> Savings Account (attach a savings deposit slip) |
|---|--|

Routing#:

**Routing number must start with 0, 1, 2, or 3, is 9 digits long,**  
 and is located at bottom of check between these symbols      □ : □ :

Account #:

I authorize Christ the King Catholic Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account:

Date:

**Please attach a voided check or savings deposit slip**