



AUTOMATIC CONTRIBUTION WITHDRAWAL CHANGE FORM

Step 1

I am currently participating in the Automatic Contribution Withdrawal Program and need to...

1. ☐ **CHANGE** - Change my financial institution, account type, and/or account number
2. ☐ **CHANGE** - Change the date of my contribution withdrawal
3. ☐ **CHANGE** - Change my contribution amount(s)
4. ☐ **CANCEL** - Stop my participation in this program

Please make this change effective as of : _____

(Note: Due to processing time, please allow up to 30 days for all changes to take effect)

Step 2

Change in Financial Institution, account type and/or account number:

You may change bank accounts by completing the authorization below and attaching a **VOIDED check** or **Bank Specification Sheet** from the new bank account.

Account type: ☐ Checking ☐ Savings

Change in the Date of Withdrawal

I prefer to have my contribution withdrawn from my account on the (please check one):

☐ 1st of the month (or the next business day if a weekend) **OR**

☐ 16th of the month (or the next business day if a weekend)

Change in Contribution Amount

I would like to contribute a total of \$_____ per month to Our Lady of Lourdes.

Please allocate my contribution as instructed below:

(Please note that each will appear as an individual transaction on your account)

MONTHLY OFFERING \$_____

IMPROVEMENT FUND \$_____

KEEP OUR VISION GROWING (Capital Campaign) \$_____

Cancel Participation

You may cancel your automatic withdrawal by completing the authorization below.

Step 3

(1) Account Holder (Please print name)

(2) Account Holder (Please print name)

(1) Parishioner signature (authorization)

(2) Parishioner signature (authorization)

Date

E-mail Address