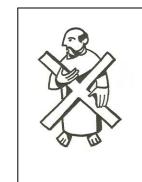
## St. Andrew Roman Catholic Church 827 Sheldon Road, Channelview, Texas 77530 281-452-9865 Office 281-452-2157 Fax



Please attach a voided check or savings deposit slip to this form.

Bank Name:				
Bank Routing Numb	er			
	'			
Account Number				
	'	_///		
Name: Envelope Number (if applicable):				
Mailing Address:				
City, State & Zip Cod	le:			
Telephone Number(s	s): Home	Cell		
E-mail:				
Please Debit My Acc	ount (Choose one):			
( ) Once:	\$	On Date://	_ Effective/	/
( ) Monthly:	\$	_ ( ) 1 <sup>st</sup> ( ) 15 <sup>th</sup>	Effective/	/
( ) Weekly:	\$	( ) M ( )Tu ( ) W ( )	Th Effective/	
( ) Other:	<b>\$</b>	_	Effective/	/
	Date:			

I understand that by signing this document I authorize St. Andrew Catholic Church to debit my checking or savings account as indicated above until I provide a written statement cancelling my checking/savings debit authorization.

This form can be turned into the parish office or mailed (attention: Lindsay Schlegel). You can also email it to: <a href="mailto:acc7067@standrewchurch.net">acc7067@standrewchurch.net</a> or fax it to: 281-452-2157.