



**Church of St. Thérèse**

**4137 Portsmouth Boulevard  
Chesapeake, VA 23321-2127  
Phone: 757-488-2553 Fax: 757-465-4086**

**Automatic Giving Authorization Form**  
(Please print)

\_\_\_\_\_  
Name Family ID Number

\_\_\_\_\_  
Street Address Home Phone

\_\_\_\_\_  
City, State Zip Work or Cell Phone (Circle one)

I hereby authorize the Church of St. Thérèse to initiate a debit entry to my bank account, indicated below, and initiate adjustments (if necessary) for any transactions credited or debited in error. The authority will remain in effect until the Church of St. Thérèse is notified by me in writing to cancel it in such time as to afford reasonable opportunity to act on it.

**Bank Information:**

Name of Financial Institution: \_\_\_\_\_

Location (City, ST): \_\_\_\_\_

Routing/Transit number: \_\_\_\_\_  
(Look between symbols “/ :” on your check.)

Checking / Savings Account Number: \_\_\_\_\_  
(Circle ONE)

**Amount and Frequency Information:**

Indicate amount on line or “N/A” if you do not wish to participate in a particular Automatic Giving option:

Set Amount of \$ \_\_\_\_\_ Regular **Weekly** Offertory (processed every Monday)

Set Amount of \$ \_\_\_\_\_ Regular **Monthly** Offertory (processed the first Monday of each month)

Set Amount of \$ \_\_\_\_\_ Regular **Monthly Debt** Reduction Offertory (processed the first Monday of each month)

\_\_\_\_\_  
Parishioner's Signature Date

(Please attach a Voided check to the back of this form)

Automatic Giving will become effective Monday, \_\_\_\_\_ ..