

**ST. LUKE'S CHURCH
108 WASHINGTON ROAD
BARRINGTON, RI 02806
401/246-1212**

If you have any questions please contact Ann Marie Beccue, Parish Secretary.

AUTOMATED MONTHLY CONTRIBUTION FORM

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I (we) hereby authorize ST. LUKE'S PARISH - APS, hereinafter called the PARISH, to begin debit entries to my (our) checking account or statement savings account as indicated below. I (we) further authorize the depository/bank named below, hereinafter called the DEPOSITORY, to debit the same to such account.

Parishioner Name(s) _____

Depository (Bank) Name _____

City _____ State _____ Zip _____

Automated Giving Schedule

*Day of month for contribution _____ 5th or 20th
If you have the form in by the 5th of the month, your withdrawal will begin on the 20th;
if you have the form in by the 20th of the month, your withdrawal will begin on the 5th.*

Amount per month \$ _____

*First contribution to begin on _____
(Date)*

NOTE: There will be a transaction fee of \$1 per month

This authorization will remain in effect until the PARISH and DEPOSITORY have been notified by me (us) in writing of its termination in such time and in such manner as to afford the PARISH and DEPOSITORY a reasonable opportunity to act upon it.

ACCOUNT HOLDER NAME(S)

1. _____ 2. _____

1. _____ 2. _____

*****Please attach a voided check or savings account number you will be using.*****

Return the completed form to St. Luke's Rectory (or place in the collection basket.)

Office Use Only) Transit/ABA No. _____ Account No. _____