

Envelope No.: \_\_\_\_\_

**The Church of St. Anne**  
**Electronic Offertory Enrollment Card**

New \_\_\_\_\_ Change \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Bank Information

Bank Name: \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Account Type (circle one): Checking Savings Account Number: \_\_\_\_\_

**Sunday Offertory**

Please check only one:

\_\_\_\_\_ Weekly (Monday) Amount: \_\_\_\_\_

\_\_\_\_\_ Bi-Monthly  
(15th and 30th) Amount: \_\_\_\_\_

\_\_\_\_\_ Monthly: 15th or 30th Amount: \_\_\_\_\_  
(circle one)

**Holy Days**

Jan. 1 Solemnity of Mary Amount: \_\_\_\_\_

Aug. 15 Assumption Amount: \_\_\_\_\_

Nov. 1 All Saints Amount: \_\_\_\_\_

Dec. 8 Immaculate Conception Amount: \_\_\_\_\_

Dec. 25 Christmas Amount: \_\_\_\_\_

Authorization

I \_\_\_\_\_ authorize The Church of St. Anne to withdraw funds as stated above.  
(Please print name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_