

ST. MARGARET OF SCOTLAND CATHOLIC CHURCH

777 NE Blackwell Rd Lee's Summit, MO 64086

Phone: 816-246-6800 Fax: 816-246-9858

Automatic Draft Plan

I hereby request the privilege of paying for **Debt Reduction** through electronic withdrawal. I authorize St. Margaret of Scotland Catholic Church to draw electronic fund item for paying said contribution.

I hereby request the privilege of paying my **Regular Stewardship** through electronic withdrawal. I authorize St. Margaret of Scotland Catholic Church to draw electronic fund item for paying said contribution.

Parishioner Name: _____ Envelope No. _____

Bank Name: _____

Bank Address: _____

Bank Routing # _____

Debt Reduction:

Checking Account: Account #. _____ Amount\$ _____

Savings Account: Account #. _____ Amount\$ _____

Withdrawal date 1st and/or 15th of each month. *(Please circle your choice)*

Regular Stewardship Offering:

Checking Account: Account #. _____ Amount\$ _____

Savings Account: Account #. _____ Amount\$ _____

Withdrawal date 1st and/or 15th of each month. *(Please circle your choice)*

Subject to the following conditions:

1. The items shall be drawn on or about the 1st and/or 15th of each month.
2. The parishioner may cancel this Automatic Draft Plan at any time provided St. Margaret of Scotland Catholic Church receives a written notice 10 days prior to the withdrawal date.

Parishioner's signature

Date

Please attach a Void Blank Check.

Our bank will charge St. Margaret's \$20.00 for any electronic draft returned for insufficient funds or any other reason.