

HOLY TRINITY CATHOLIC CHURCH, WESTMONT, IL

AUTOMATIC WITHDRAWAL FORM FOR CHECKING/SAVINGS

I hereby authorize Holy Trinity Catholic Church to:

- Debit my Checking account _____ Savings Account _____

9 Digit Routing # _____ Account # _____

The monthly donation will begin _____, and continue until our office is notified to discontinue the charge or debit. Please **check** when you wish your charge or debit to occur:

1st of the month _____ or the 15th of the month _____.

Sunday Collection \$ _____ Capital Improvements \$ _____ Heritage of Faith \$ _____

School Tuition \$ _____ (Onetime/10-Month) Extended Care _____ (Just check as amount varies)
Circle One

School Fee \$ _____ (Indicate Fee _____) Religious Education Tuition \$ _____

Heart of Christ \$ _____ Energy Fund \$ _____ Catholic Education \$ _____

Other _____ \$ _____

Please indicate a one-time amount you wish to give to the following (these will be taken in the month indicated)

Solemnity of Mary (Jan)	\$ _____	Peter's Pence (June)	\$ _____
Catholic School (Jan)	\$ _____	Assumption (Aug)	\$ _____
Latin American Collection (Jan)	\$ _____	Christ is Our Hope (Sept)	\$ _____
Home Mission (Feb)	\$ _____	World Mission (Oct)	\$ _____
Eastern Europe (Ash Wed)	\$ _____	All Saints (Nov)	\$ _____
Catholic Relief Services (Mar)	\$ _____	Campaign for Human Dev (Nov)	\$ _____
Easter Flowers	\$ _____	Christmas Flowers (Dec)	\$ _____
Holy Land-Good Friday	\$ _____	Immaculate Conception (Dec)	\$ _____
Easter	\$ _____	Religious Retirement (Dec)	\$ _____
Ascension (May)	\$ _____	Christmas (Dec)	\$ _____

Print Name _____ Address _____

Signature _____

E-mail Address _____ Phone _____

Please return this form to the rectory office or drop it in the Sunday collection. If you have any questions, please contact the parish office at (630) 968-1366. **Thank you and God Bless You.**