

**St. Luke the Evangelist Catholic Church**  
**Request for Automatic Withdrawal**

Donor(s) wishing to make regular tithing commitments are invited to have the payments automatically withdrawn from a personal checking/savings account. Please complete the information below and return it to the parish office along with a voided check.

**Donor(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I hereby authorize automatic deductions from my/our account at the financial institution below:

**Amount of deduction: \$** \_\_\_\_\_ **per month**

**Date of withdrawal:** \_\_\_\_\_ **1<sup>st</sup> of the month** \_\_\_\_\_ **15<sup>th</sup> of the month**

**Beginning:** \_\_\_\_\_ **Ending after #** \_\_\_\_\_ **Payments**

**Purpose: (Circle one) Tithing or Capital Campaign Pledge Payment**

**Financial Institution Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Checking or Savings**

**Donor Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Donor Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only:

**Employee Name:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_

Please attach a copy of a voided check and return to  
St. Luke the Evangelist Catholic Church  
1102 NW Weigel Dr  
Ankeny, IA 50023