



## **GIVING TO CALVARY MEMORIAL CHURCH BY AUTOMATIC WITHDRAWAL**

For your convenience Calvary offers an Automatic Withdrawal program to have your contributions automatically deducted from your checking or savings account on a specified date or dates.

### **How This Program Works**

If you sign up for this service, we will withdraw your donation from your bank account on the 2<sup>nd</sup> and/or the 16<sup>th</sup> of each month. Each withdrawal will appear on your monthly bank statement. The contributions will also be reflected on your annual giving statement.

### **How to Enroll**

1. Return your form (back of this page) by the 15<sup>th</sup> of the month to begin the withdrawal(s) by the next month.
2. Attach a voided check (for checking) or deposit slip (for savings) to the enrollment form.
3. Be sure to include your bank phone number because our bank may need to contact your bank if any problems arise with the withdrawals.
4. Drop off or mail the completed form to:

Calvary Memorial Church  
931 Lake St.  
Oak Park, IL 60301  
ATTN: Accounting

### **How to Make Changes or Stop Your Withdrawals**

Call the Accounting office (708) 386-3900 or email [giving@calvarymemorial.com](mailto:giving@calvarymemorial.com) by the 15<sup>th</sup> of the month to make changes or stop withdrawals by the next month.



## AUTOMATIC WITHDRAWAL ENROLLMENT FORM

---

### Your Information

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

---

### Bank Information

Your Bank's Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

- 
- I would like to have an Automatic Withdrawal given to the **General Fund** each month as follows:  
2<sup>nd</sup> of Month \$ \_\_\_\_\_ 16<sup>th</sup> of month \$ \_\_\_\_\_

- I want to activate this Automatic Withdrawal beginning: Month \_\_\_\_\_ Year \_\_\_\_\_

I/we hereby authorize Calvary Memorial Church, or its agents, to transfer the amount listed above from the indicated account on the specified date(s) each month or if the day falls on a weekend or holiday, on the next business day.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Donor's Signature

**Please staple voided check here or provide savings account deposit slip with routing and account numbers.**

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_