

Staple Voided Check Here

Our Lady Queen of Heaven
750 -10th Ave South
Wisconsin Rapids, WI 54495
715-423-1251

AUTHORIZATION FOR DIRECT DONATION

I authorize Our Lady Queen of Heaven and the financial institution named below to initiate debits for donations from my checking / savings account on the 10th or 20th of each month. This authority will remain in effect until I notify you in writing 30 days prior to date of cancellation. There will be an additional fee assessed for non sufficient funds.

Financial Institution

Branch

City

State

Zip Code

Signature

Date

Name (Please Print)

Address (Please Print)

Account Number

Checking___ Savings___

Bank Routing Number (ABA#)

I authorize Our Lady Queen-of Heaven Church to initiate electronic debits to my Checking / savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the church at any time by contacting the church above.

Donation Dollar Amount: \$ _____ First Debit Date _____
10th or 20th of the month

Please cancel envelopes ___Yes ___No

Joe Customer

1234 Main St

Anytown, US 12345

VOID

262087609

345678901

Routing Number



Account Number

Our Lady Queen of Heaven Parish

Family Registration

Reg Date: / /

750 10th Ave. S., Wisconsin Rapids, WI 54495-4100 (715) 423-1251

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: Occupation/Employer:	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> / </div>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> Dates (mm/dd/yyyy): / / Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / / / / / Marital Status: Valid Catholic Marriage? <input type="checkbox"/> Are there any members of your household who would like to be visited by a priest?
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Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School
1.		 / 	M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		 / / 	 / / 	 / / 	 / / 	
2.		 / 	M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		 / / 	 / / 	 / / 	 / / 	
3.		 / 	M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		 / / 	 / / 	 / / 	 / / 	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.