



ST. LUKE THE EVANGELIST

CATHOLIC CHURCH

1102 NW WEIGEL DRIVE, ANKENY, IOWA 50023

(515) 964-1278 • WWW.SLTE.ORG

WE WORSHIP • WE TEACH • WE CARE

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Donor(s) wishing to make regular tithing commitments are invited to have the payments automatically withdrawn from a personal checking/savings account.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 : 1st of the month 15th of the month

Beginning : _____ Ending after # _____ Payments

Purpose: (Select 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 Drive
Ankeny, IA 50023