

CHURCH OF THE ASCENSION



STEWARDSHIP: A WAY OF LIFE

~ My Gift of Treasure ~

UPDATE / CHANGE FORM

PARISHIONER NAME: _____ Envelope# _____

Address: _____

*Please
Circle One:*
WEEKLY
MONTHLY
YEARLY

MY COMMITMENT FOR THE SUPPORT OF MY PARISH IS

\$

Signed: _____ Date: _____

ASCENSION MONTHLY AUTODEBIT UPDATE / CHANGE

PARISHIONER NAME: _____ Envelope# _____

Change in Amount only. Continue to Use Current Bank Information

Change in Banking Information only. Please Attach a Voided Check

Bank Name: _____ Total Monthly Amount \$ _____

Routing # _____ Account # _____

Please debit my account on the 5th: \$ _____ and/or the 20th: \$ _____ of each month.

I hereby authorize Church of the Ascension to debit my account as detailed above until written termination.

Signed: _____ Effective Date: _____