

Monthly Giving by Electronic Funds Transfer from Bank Account

Please enclose a voided check with this form.

Name _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

Please make monthly transfers from my bank account to Catholic Charities of Southern Missouri until I tell you to stop. Monthly amount: \$ _____

Please use my donation in area of greatest need.

Please designate my gift for the following location or program:

Signature: _____ Date: _____