

St. Edward Catholic Church

1423 Kimball Avenue, Waterloo, IA 50701

319-233-8060 www.sted.org

Giving Forward

My commitment to returning the first fruits of my labor in gratitude for God's gifts...

I (We) pledge to support God's work in my St. Edward Parish in 2021 with a commitment of \$_____

I (We) will use ___Weekly EFT ___Monthly EFT ___IRA ___Envelopes or check sent directly from my bank

___Grain Donation ___Stock Transfer ___**Check if this commitment is a change from 2020**

Give thanks to the Lord, for he is good; his love endures forever. Psalm 118

Family Name (first and last name/s printed)_____

Adult Signature/s_____

Address, Phone or Email if recently changed:_____ Date:_____

****EFT changes will be made January 4 (weekly) or January 5 (monthly) if this form is received in the Parish Center by Monday, December 21. Forms received after that date will be processed January 11 (weekly) & February 5 (monthly)****

Electronic Funds Transfer (EFT) Enrollment Form

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Organization: St. Edward Church

I (We) hereby authorize **ST. EDWARD CHURCH** to initiate electronic debit entries to my account indicated below to fulfill my pledged contribution to the parish budget. I am supplying my financial institution's (Depository's) name and my account number below:

_____ City _____ State/Zip _____
Depository Bank _____ Checking ___ Savings ___

Please attach either: (1) a **VOIDED check** **OR**
(2) bank documentation with routing and account number to ensure accuracy
OR ___check here to use the same bank account currently used for your sacrificial giving EFT

Pledged sacrificial giving amount to be deducted:

Weekly (Mondays) \$_____ Monthly (Monthly on the 5th) \$_____

Haiti Adopt-A-Student (monthly) \$_____ Other Monthly (Specify)_____ \$_____

This authorization is to remain in full force and effect until **ST. EDWARD CHURCH** has received **written notification** from me or either of us of its termination/modification in such time and in such manner as to afford **ST. EDWARD CHURCH** and **DEPOSITORY** a reasonable opportunity to act on it.

Individual or Joint Account Holders Sign and Date

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Return form and documentation to:
St. Edward Church, Attn: Business Manager, 1423 Kimball Avenue, Waterloo, IA 50702

For **Mobile Giving options**, visit our website at www.sted.org and use the **"Share My Gifts"** tab