

**If you are interested in Electronic Giving,
please fill out the Authorization Form and return it to the rectory.**

I (we) hereby authorize St. Matthias Catholic Church to initiate debit entries to my (our) _____ checking _____ savings account (select one) indicated below, and the depository named below, to credit the same to such account.

I (we) authorize a payment of \$ _____ to be made (select one) _____ bimonthly or _____ monthly.
Payments should be made on the (select one) _____ 15th and/or _____ end of the month.
If the scheduled payment date falls on a day the bank is closed, the payment will be processed the next business day.

Designation of Payment:

_____ Regular Offertory Collection or _____ Wish List

Continue to use Special Collection Paper Envelopes as usual—for example Christmas, Easter & Holidays

BANK ACCOUNT INFORMATION:

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until St. Matthias Catholic Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Matthias Catholic Church and depository a reasonable opportunity to act on it.

NAME (S) _____ DATE _____

SIGNED _____

Attach voided check here—