

# ELECTRONIC GIVING FORM

## SUNDAY STEWARDSHIP

Most of us find that we attend Mass at parishes other than Prince of Peace during the year and our electronic giving program assures a contribution of your support even when you are not here. We have received positive comments from parishioners who already utilize this program, such as, "this makes it so much easier" and "I have peace of mind knowing that when I am out of town my obligations have been met." We encourage all of our parishioners to seriously consider utilizing this program.

Direct debits can be processed either weekly or monthly dependent on your preference. Weekly debits are processed every Monday, and monthly debits are processed the first Monday of each month. Credit cards can be processed either on the 5<sup>th</sup> or 20<sup>th</sup> of the month. If you require a different schedule, please, call Barb Ruhl in the parish office. Please, be assured that all personal and account information is kept securely in the Parish Financial Office.

I (we) hereby authorize Prince of Peace Church, to initiate debits to my (our) account as indicated below. I (we) authorized the financial institution below, to credit the amount of such entries to my (our) account. This authority is to remain in full force and effect until I (we) revoke the agreement. Any revocation is effective only after Price of Peace Church has received notification from me (us) to terminate this agreement in such time and manner as to afford a reasonable opportunity to act upon the notice.

Parishioner Name \_\_\_\_\_ Envelope No. \_\_\_\_\_

Parishioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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### Direct Debit Contribution Option

I elect to use this option. **(a voided check must be attached)**

Financial Institution Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Weekly       Monthly      Beginning on \_\_\_\_\_ Amount \_\_\_\_\_

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### Credit Card Contribution Option

I elect to contribute via credit card:

Visa       MasterCard       Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Please charge my credit card on      5<sup>th</sup>      20<sup>th</sup>      of each month.

Beginning on \_\_\_\_\_ Amount \_\_\_\_\_

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