

# St Mary of the Immaculate Conception

## ELECTRONIC FUNDS STEWARDSHIP

### DEBIT AUTHORIZATION

Dear Parishioner,

You now have the opportunity to have your weekly church support transferred weekly or monthly electronically, direct from your bank to ours. We will do this draw and apply the funds as you have indicated below. For those of you who opt for this service, we hope you find it convenient, and an easy way to keep track of your donations. Follow the instructions below, filling in the necessary information, and advising the application of funds. Return this form in a sealed envelope to the Parish Office either in person, through the collection, or mail. Continue to use the other Holyday and special collection envelopes with regular cash or check donations. Call the Parish Office at 440-934-4212 if you have any questions. Thank you.

### My Stewardship Commitment

I (We) hereby authorize St Mary of the Immaculate Conception, to initiate a weekly, or monthly debit entry to my (our) account indicated below and the financial institution named below, to debit the same to such account for Church Stewardship. I (We) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of US law.

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Bank Routing Number (Should be 9 digits) \_\_\_\_\_

Checking Account Number \_\_\_\_\_

or

Statement Savings Account Number \_\_\_\_\_

Amount to be debited (deducted) on the Monday of every week: \_\_\_\_\_ (Weekly Giving)

Amount to be debited (deducted) on the second Monday of each month: \_\_\_\_\_ (Monthly Giving)

**Note: If Monday is a holiday, the account will be charged on the next business day.**

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

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

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Church Envelope Number \_\_\_\_\_

Date: \_\_\_\_\_

Signature: (If a joint account only one signature required)

Please include a voided blank check with application.