

THE BACK OF THIS FORM MUST BE FILLED OUT AND SIGNED

I (we) authorize St. Mary's Church to initiate debit entries to my (our) checking/savings account (select one) indicated below and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Checking or Savings Account Transfer

Name of Bank: _____

Name(s) on Account: _____

9-digit Bank Routing #: _____

Bank Account#: _____

Please check one:

New Enrollment Change my information Terminate my account

Disclosures

This authority is to remain in full force and effect until St. Mary's Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Mary's and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Mary's Church prior to receipt of notice of termination. I (we) further authorize the St. Mary's Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account. I (we) have the right to stop payment of any entry by notifying Depository prior to the posting of item to the account. The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respect by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby.

X _____
Signature(s) of Account Holder(s)

Please attach a voided check

St. Mary's Church, 580 I Street David City, Nebraska 68632

ST MARY'S CATHOLIC CHURCH
E-TITHING ENROLLMENT

St. Mary's Parish has set up the Automatic Bank Debit. If you are interested in having your Church Tithing taken care of by Automatic Bank Debit, please complete the following.

E-TITHING ENROLLMENT FORM

Authorized Agreement for ACH (Automatic Clearing House) Payments:

\$ _____ **Weekly Offertory** (Amount will be debited from your account on Monday):

\$ _____ **Monthly Offertory** (Amount will be debited from your account on 25th of Each Month):

Start Date: (If no start date is filled out we will assume the next available date)

These special collection EFTs are in addition to the Weekly/Monthly commitment above.

\$ _____ **Solemnity of Mary** (Amount will be debited from your account on Dec. 31st):

\$ _____ **Southern Nebraska Register** (Suggested donation is the subscription cost of \$18.00. Amount will be debited from your account once a year on Feb. 20th):

\$ _____ **Ash Wednesday** (Amount will be debited from your account on Ash Wednesday):

\$ _____ **Ascension Thursday** (Amount will be debited from your account on Ascension Thursday): This collection is for the Cloistered Sisters of the Diocese.

\$ _____ **Assumption BVM** (Amount will be debited from your account on Aug. 15th):

\$ _____ **All Saints** (Amount will be debited from your account on Nov. 1st):

\$ _____ **Thanksgiving** (Amount will be debited from your account on Wed. before):

\$ _____ **Immaculate Conception** (Amount will be debited from your account on Dec. 8th):

\$ _____ **Christmas Offertory** (Amount will be debited from your account on Dec. 20th):

\$ _____ **Easter** (Amount will be debited from your account after Easter):

Special Collection Total: _____