

St. Thomas the Apostle Church
****Profess, Proclaim and Celebrate Our Faith****

Name: _____

My Commitment for the
Support of My Parish

Address: _____

\$ _____

City, State, Zip: _____

Weekly Monthly

Donor Signature: _____

Please circle one

For electronic giving, please complete below:

Authorization For Electronic Contribution

*** St. Thomas the Apostle Catholic Church ***

In fulfillment of my desire to support the ongoing mission and efforts of my parish, I hereby authorize St. Thomas the Apostle Parish to initiate electronic debit entries to my () checking account or () savings account indicated below at the financial institution named below and to debit the same to such account. I acknowledge that the origination of such ACH transactions to my account must comply with the provisions of U.S. law.

Debits for the amount of \$ _____ will be made (please select one):

() Monthly on the 3rd of each month () Semi-monthly on the 3rd and 18th of each month

My bank name: _____ Beginning in (month): _____

Bank routing #: _____ Account #: _____

(Please attach voided check or savings deposit slip)

This authorization remains in full force and effect until St. Thomas the Apostle Catholic Church has received written notification from me of its amendment or termination in such time and such manner as to afford the parish and financial institution opportunity to act on it.

My name: _____ Address: _____

Authorized signature: _____ Date: _____