

St. Thomas the Apostle Catholic Church
Renovation Project

Name: _____

My Monthly Commitment
for the Church Renovation
\$ _____

Address: _____

City, State, Zip: _____

Donor Signature: _____

For electronic giving, please complete below:

Authorization Electronic Contribution
*** St. Thomas the Apostle Catholic Church Renovation Project ***

In fulfillment of my desire to support the St. Thomas Church Renovation, 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. Debit for the amount of \$ _____ will be made Monthly on the 10th 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: _____