

# E-Tithing Change Form



## Step 1: Tithing/Donation Information

Rev. 12/20/2014

<p><b>Please change my:</b>  <b>A) Monthly Offering for Regular Church Support</b>        \$ _____        Month of 1<sup>st</sup> Withdrawal _____        Amount will be debited from your account beginning on the 10<sup>th</sup> of that month.</p>	<p><b>Please change my:</b>  <b>D) Monthly School Endowment Donation</b>        \$ _____        Month of 1<sup>st</sup> Withdrawal _____        Amount will be debited from your account beginning on the 10<sup>th</sup> of that month.</p>
<p><b>Please change my:</b>  <b>B) MONTHLY Joy of the Gospel Campaign</b>        \$ _____        Month of 1<sup>st</sup> Withdrawal _____        Amount will be debited from your account beginning on the 20<sup>th</sup> of that month.</p>	<p><b>Please change my:</b>  <b>E) QUARTERLY Joy of the Gospel Campaign</b>        \$ _____ Month of 1<sup>st</sup> Withdrawal _____  <b>Can only be January, April, July or October</b>        Amount will be debited from your account beginning on the 20<sup>th</sup> of that month.</p>
<p><b>Please change my:</b>  <b>C) Southern Nebraska Register</b> – Suggested donation is the subscription cost of \$15.00.        Amount will be debited from your account <i>once a year</i> on Feb. 20<sup>th</sup>. Yes ____ No ____        Amount (if other than \$15) \$ _____</p>	<p><b>Please change my:</b>  <b>F) Christmas Donation</b>        \$ _____        Amount will be debited from your account <i>once a year</i> on Dec. 20<sup>th</sup>.</p>

(please circle one): I would like to continue receiving bi-monthly offering envelopes in the mail: **YES** **NO**

## Step 2: Complete Authorization Agreement, Read Disclosures and Sign at the Bottom

I/we \_\_\_\_\_ hereby authorize **St. Elizabeth Ann Seton Church**, hereinafter called COMPANY, to initiate debit or credit entries to my/our (select one account below)

**Checking Account** (Attach voided check)

**Savings Account** (Attach deposit slip)

Indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY BANK NAME \_\_\_\_\_

BRANCH (if applicable) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

9 Digit Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Please Attach Voided Check or Savings Deposit Slip to Ensure Accuracy of Information

**Disclosures:** This authority is to remain in full force and effect until St. Elizabeth Ann Seton Church has received written notification from me of its termination in such time and in such manner as to afford St. Elizabeth Ann Seton Church and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Elizabeth Ann Seton prior to receipt of notice of termination.

I further authorize St. Elizabeth Ann Seton Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I authorize the Depository to accept and to credit or debit the amount of such entries to my account.

I have the right to stop payment of any entry by notification to 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 respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

NAME (s): \_\_\_\_\_ NAME: \_\_\_\_\_  
 (Please print) (Please print)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature(s) of Account holder(s)

E-mail address: \_\_\_\_\_ Date \_\_\_\_\_