

E-Tithing Enrollment Form



Step 1: Tithing/Donation Information

<p>A) Monthly Offering for Regular Church Support \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 10th of that month.</p>	<p>D) Monthly School Endowment Donation \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 10th of that month</p>
<p>B) <u>MONTHLY</u> Committing to the Faith Campaign \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 20th of that month.</p>	<p>E) <u>QUARTERLY</u> Committing to the Faith Campaign \$ _____ Month of 1st Withdrawal _____ Can only be January, April, July or October Amount will be debited from your account beginning on the 20th of that month.</p>
<p>C) Southern Nebraska Register – Suggested donation is the subscription cost of \$15.00. Amount will be debited from your account <i>once a year</i> on Feb. 20th. Yes _____ No _____ Amount (if other than \$15) \$ _____</p>	<p>F) Christmas Donation \$ _____ Amount will be debited from your account <i>once a year</i> on Dec. 20th.</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 Parish**, 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 Parish has received written notification from me of its termination in such time and in such manner as to afford St. Elizabeth Ann Seton Parish 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 Parish 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): _____ (Please print) NAME: _____ (Please print)

X _____ **X** _____
 Signature(s) of Account holder(s)

E-mail address: _____ Date _____