### **Saints Mary and Joseph Catholic Parish**

637 Iver Street Valparaiso, NE 68065-8534 (402) 784-2511

## **Electronic Tithing Enrollment Form**

### **Step 1: Tithing/Donation Information**

A. Recurring Offering for Regular Church Support \$
a. Frequency of Offering (circle one): Monthly Weekly Quarterly Yearly
b. Month of 1 <sup>st</sup> Withdrawal
<ul> <li>b. Month of 1<sup>st</sup> Withdrawal</li> <li>c. Day of the month (e.g. 20<sup>th</sup>) to debit your account</li> </ul>
i. Weekly giving will always be on Monday of each week
B. Recurring Offering for Capital Improvement \$
<ul> <li>a. Frequency of Offering (circle one): Monthly Weekly Quarterly Yearly</li> <li>b. Month of 1<sup>st</sup> Withdrawal</li> </ul>
c. Day of the month (e.g. 3 <sup>rd</sup> ) to debit your account
i. Weekly giving will always be on Monday of each week
<ul> <li>C. Southern Nebraska Register – Suggested donation is the subscription cost of \$15.00. Amount will be debited from your account once a year on Feb. 20<sup>th</sup>.</li> <li>a. Yes No</li> <li>b. Amount (if other than \$15) \$</li> </ul>
D. Christmas Donation \$
a. Amount will be debited from your account once a year on Dec. 20 <sup>th</sup>
Step 2: Complete Authorization Agreement, Read Disclosures and Sign at the Bottom
I authorize Saints Mary & Joseph Catholic Church to initiate debit entries to my (please select one)
checking accountsavings account
indicated below and the depository financial institution named below to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
Name of Bank
Name on Account
9-digit Bank Routing # Bank Account #

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

THE BACK OF THIS FORM MUST BE SIGNED

#### Disclosures:

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

I further authorize Saints Mary & Joseph Catholic 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 PaymentSprings (our onlin thereby:	e giving program) as now or hereafter in	n effect and agrees to	be bound
X	X	_	
Signature(s) of Account holder(s)			

# Step 3: Simply drop the completed form in the collection basket, put it into the mail slot on the rectory front door, or mail it to us at:

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

Saints Mary & Joseph Church Attn. Paula Masek 637 Iver St Valparaiso, NE 68065.

Please do not submit this form by email because this is not a secure means of transmission. Thank you for participating in our E-Tithing Program!

NOTE: If you ever need to change any information regarding your enrollment, please request a Change Form from the Parish Office or by sending an e-mail to saintsmaryandjosephvalparaiso@yahoo.com.