

Making Electronic Contributions - Using the ACH Option

Making Life A Little Simpler

In an effort to bring consistency to the level of giving, eliminating some of the highs and lows caused by absences, or forgotten envelopes, we offer to St. Mary's parishioners: Automatic Payment Contribution. By completing this authorization form that provides your bank name, account number, and offering amount, our Business Office can arrange for your Sunday offerings to be deducted automatically from your checking or savings account once or twice a month - the 1st and/or 15th of each month.

With ACH, your offering to St. Mary's is automatically deducted from your checking or savings account. The advantages are numerous-both for you and for the parish:

- No more checks to write each week;
- You have the opportunity to decide how much you want to give to the parish-based on your total financial situation, not just on what cash is in your wallet;
- You decide whether the gift is made on the 1st and/or 15th of the month;
- If you desire, you can still participate in the Offering of the Gifts by dropping your weekly contribution envelope marked ACH in the basket
- The parish benefits greatly because your giving is consistent, whether or not you're at Mass.

And best of all, it is so easy to participate! Just complete the form below and return to the Parish Office or Business Office ... THAT'S IT. For more information, call 794-4841.

ACH Authorization Form

I authorize St. Mary's Church of Sleepy Eye, MN and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying St. Mary's (794-4841) 4 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

(NAME AND ADDRESS OF FINANCIAL INSTITUTION)

(YOUR NAME AND ADDRESS – PLEASE PRINT)

(SIGNATURE)

(DATE)

Routing # |: _____ :|

Account Number: _____

Checking

Savings

Payment amount\$ _____

Payment withdrawn the 1st of each month _____.

And/Or (circle one)

Payment withdrawn the 15th of each month _____.

Beginning date: _____

Please attach a voided check and return this form to the parish office or business office. Thank you!