

Saint John is now able to offer automatic drafts from parishioners' bank accounts for their regular church contributions and capital improvements. If you are interested in having your contributions automatically withdrawn from your account, please fill out the form below and return it in a sealed envelope to the Controller. Once the Controller has set up the debit, you will receive notification of when the first draft will occur. Therefore, you will know when you can discontinue using your contribution envelopes. If you make additional contributions on Holy Days and second collections, please use an envelope with your name and parishioner number on the envelope. Extra envelopes will be provided in the back of church for the Diocesan second collections.

Filling out the form:

Depository Name is the name of your bank.

Branch is only used if there is more than one branch for your particular bank.

City, State, and Zip needs to be filled out even if it is a local bank.

Routing Number needs to be verified by your bank, since it is not always the same routing number on your checks.

Please contact your bank for the ACH transaction routing number.

Account Number is the account you would like debited for your contributions.

Type of Account needs to have either Checking **or** Savings checked for the account which will be debited.

Debit Amount is the amount you want withdrawn from your account.

Debit Frequency is the when you want the Debit Amount withdrawn from your account.

Example 1: Debit Amount \$60; Debit Frequency Weekly.

Your account will be debited \$60 every Monday throughout the year.

Example 2: Debit Amount \$250; Debit Frequency Monthly 1st.

Your account will be debited \$250 on the 1st of every month.

Example 3: Debit Amount \$750; Debit Frequency Quarterly 15th.

Your account will be debited \$750 on January 15, April 15, July 15, and October 15.

Please note- there are two areas for Debit Amount and Frequency. One is for regular Church Contributions and the other is for Capital Improvement Contributions.

Name, Parishioner Number, Date, and Sign should be completed. If you are uncertain what your parishioner number is, the business office can look it up.

E-mail Address is how the church will notify you of when the draft(s) will begin.

If you have any questions, please contact the Controller at 972-875-2834 or julieh@stjohncc.net

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Saint John Catholic Church

I (we) hereby authorize St. John Catholic Church, hereinafter called COMPANY, to initiate a debit entries to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Type of Account (select one) Checking Account Savings Account

Debit Amount _____ Debit Weekly (Every Monday)
 Frequency Monthly (1st **or** 15th of the Month)
 for Regular Contribution _____ (select one) Quarterly (1st **or** 15th of the Quarter-Jan, Apr, July, Oct)

Debit Amount _____ Debit Weekly (Every Monday)
 Frequency Monthly (1st **or** 15th of the Month)
 for Capital Improvements _____ (select one) Quarterly (1st **or** 15th of the Quarter-Jan, Apr, July, Oct)

This authorization is to remain in full force and effective until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Parishioner Number _____
 (Please Print)

Date _____ Signature _____

E-mail Address _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZTION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.