

HOLY FAMILY CHURCH

Automatic Offering Program

Offering Envelope payments will be taken automatically from your checking or savings account. Simply complete this form and the pre-authorized amount will be transferred to the church account.

Authorization Agreement for Direct Payments

**The withdrawal dates are the 5th or the 20th of each month. Some families have elected to do half on the 5th and half on the 20th*

I, (we) hereby authorize Holy Family Church to initiate debit entries of \$_____ on the _____ * of the month, beginning (month) _____ to my (our) () checking or () savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY

NAME _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until Holy Family Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HOLY FAMILY CHURCH and DEPOSITORY a reasonable opportunity to act on the notification.

NAME (S) _____
(PLEASE PRINT)

SUNDAY ENVELOPE NUMBER _____

DATE _____

SIGNED _____

SIGNED _____

PLEASE ENCLOSE A VOIDED CHECK