AUTOMATIC STEWARDSHIP PLAN

▪ With the Automatic Stewardship Plan, your contributions can be made without writing a check. No need to change your present banking relationship. You authorize monthly payments from your account... and we'll make the payment for you.

▪ We will withdraw your contribution from your bank account on the **5th of each month**. If the 5th of the month falls on a weekend or a bank holiday, your contribution will be processed on the next business day.

▪ The Automatic Payment plan saves both you and the parish time and money because you write fewer checks, and you have the peace of mind knowing your payment was made on time. Your monthly bank statement (or your online balance) will show proof of your payment. In the turn, the parish benefits by reducing processing time and reducing printing costs for stewardship envelopes.

▪ You can authorize the Automatic Payment quickly and easily. Simply fill out the bottom of this form and drop it off or mail it to the parish office, or drop in the collection basket.

CHANGE TO EXISTING AUTOMATIC STEWARDSHIP PLAN

[ ] I/We **ARE** currently enrolled in the automatic stewardship plan for our regular giving and would like to change the amount we give. Please use my existing bank information on file to process the new amount as noted below:

Please withdraw $_____ per **Month** from my bank account.

NEW AUTOMATIC STEWARDSHIP PLAN

[ ] I/We **ARE NOT** currently enrolled in any automatic stewardship plan with the parish. Please use the bank information listed below to initiate the automatic stewardship process.

Please withdraw $_____ per **Month** from my bank account. [ ] Please continue our church envelopes.

NAME AND ADDRESS OF MY FINANCIAL INSTITUTION: _____

MY ACCOUNT NUMBER: _____

[ ] **Checking Account** **or** [ ] **Savings Account** **(PLEASE SELECT ONE)**

(PLEASE ATTACH A BLANK VOIDED CHECK OR ENTER YOUR ROUTING NUMBER: _____)

NAME(S) ON ACCOUNT: _____

ADDRESS ON ACCOUNT: _____
Street Address City State Zip

PHONE NUMBER: (_____)_____ E-MAIL ADDRESS: _____

AUTHORIZATION – PLEASE READ, SIGN AND DATE

I/We authorize my home parish (indicated below) and the bank named above to initiate entries to my checking/savings account. This authority will remain in effect until my pledge is complete, or until I/we notify my parish otherwise. (A change or cancellation should allow 10-15 business days for processing). I can stop payment of any entry by notifying my banking institution. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 60 days after posting, whichever occurs first.

_____ _____
ACCOUNT OWNER(S) SIGNATURE DATE

_____ I/We are parishioners in the following parish:
ACCOUNT OWNER(S) – PRINTED NAME [ ] ST. AUGUSTINE [ ] ST. EDWARD