

**Most Precious Blood Church**  
**Authorization Agreement for Direct Payments (ACH Debits)**

Thank you for considering the parish's Automated Giving program as a means of sharing your financial gifts with Most Precious Blood Parish.

Kindly complete and sign the Authorization Form below. Return the completed form to the parish office along with a voided check (or pre-printed savings deposit ticket).

Once we have received your information, you will be informed of the start date for your ACH contributions. If you opt to use the ACH for special collections, you will not receive any envelopes in the mail. If you do not choose this option, you will continue to receive your envelopes in the mail and you may merely discard the envelopes for the regular collection. If you have any questions, please feel free to contact the rectory business office between 2 and 5 PM daily, or email office14006@gmail.com

\_\_\_\_\_ **NEW Direct Payment**

\_\_\_\_\_ **CHANGE Existing Direct Payment**

I (we), \_\_\_\_\_, authorize **Most Precious Blood Church** to initiate electronic debit entries to my (our) account indicated below. I (we) hereby acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and rules of National Automated Clearing House Association. This authorization is valid in full or until I (we) cancel this authorization in writing far enough in advance to give the parish a reasonable opportunity to act.

Name: \_\_\_\_\_ Env # \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Bank Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Name(s) on Bank Account: \_\_\_\_\_

Routing No.(9 digits) : \_\_\_\_\_ Account No.: \_\_\_\_\_

**(Attach voided check or a pre-printed savings deposit ticket if savings account.)**

_____	Date: _____
(Authorized signature for above account)	
If second signature is required:	
_____	Date: _____
(Authorized signature for above account)	

**Regular Sunday Offering**

Amount of each pre-authorized withdrawal: \$ \_\_\_\_\_

Frequency (choose one):

\_\_\_\_\_ Weekly – every Monday (Tuesday after a legal holiday)

\_\_\_\_\_ Monthly – on the 1st Monday of the Month (Tuesday after a legal holiday)

**SEE BACK IF YOU WISH TO AUTHORIZE DIRECT PAYMENTS FOR SPECIAL COLLECTIONS**

**Special Collections** - Choose one of the following:

\_\_\_\_\_ I wish to continue to receive my pack of envelopes to contribute to special collections.

\_\_\_\_\_ I no longer want to receive my annual box of envelopes.

**Directions:** If you elect to contribute to the following collections through Direct Payments please:

1. Write in the amount of your pre-authorized donation.
2. If you do not wish to donate to a specific collection, please put an "X" in the space.

**Diocesan Collections debit will occur on the THIRD Monday of the month indicated.**

<b>COLLECTION</b>	<b>MONTH</b>	<b>AMOUNT</b>
Catholic Relief Services	January	\$_____
Church in Central and Eastern Europe	February	\$_____
Black & Native Missions	March	\$_____
Holy Land (Good Friday)	April	\$_____
Catholic Home Mission Appeal	April	\$_____
Church in Latin America	May	\$_____
Catholic Communications	June	\$_____
Summer Missions Appeal	June	\$_____
Peter's Pence	July	\$_____
Christ the King Seminary	September	\$_____
Mission Sunday	October	\$_____
Catholic University	November	\$_____
Campaign for Human Development	November	\$_____
Religious Retirement Appeal	December	\$_____

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**Parish Collections debit will occur on the FOURTH Monday of the month indicated.**

Maintenance	<b>MONTHLY</b>	\$_____
Mary the Mother of God	January	\$_____
Easter Flowers	March	\$_____
Ascension	May	\$_____
Assumption	August	\$_____
Fuel/Energy	October	\$_____
All Saints	November	\$_____
Immaculate Conception	December	\$_____
Christmas	December	\$_____
Christmas Flowers	December	\$_____