

St. Gerald Parish

21300 Farmington Road / Farmington, MI 48336

e-Envelope Program

Authorization for electronic offering

Please complete the information below, place it in a sealed envelope and mail or return it to the parish office or place it into the collection basket. You may also mail or fax the form directly to the credit union (below).

Type of Authorization:

- New Authorization Change donation date Discontinue / Cancel
 Change donation amount Change banking info

Please attach a voided check and allow 14 days for processing.

Name: _____

Parishioner Envelope # _____ Day Time Phone # (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

You may choose to make changes to, or cancel this church support at any time with a 30-day written notice. By completing this form, you authorize St. Gerald Parish and Catholic Vantage Financial to debit the specified account for the credit of your church envelope account.

Name of Your Financial Institution: _____

Your Checking Account #: _____

Routing & Transit Number or ABA Number (9 digits): _____
(9 digits preceding your account number)

SUNDAY OFFERING: Please debit my account in the amount of: \$ _____

- Weekly (circle one): **Monday or Friday**
- Or, Bi-monthly on these dates every month: (circle two) **1st 10th 15th 25th**
- Or, Monthly on this day: (circle one) **1st 10th 15th 25th**

DEBT REDUCTION: Please debit my account in the amount of: \$ _____

- Monthly on: (circle one) **1st 10th 15th 25th**

SPECIAL OFFERINGS

SPECIAL OFFERING:	DATE	AMOUNT	SPECIAL OFFERING:	DATE	AMOUNT
New Year's Day	Jan. 1 st	\$ _____	Easter	Monday Following	\$ _____
Catholic Relief	Apr. 1 st	\$ _____	Assumption	Aug. 1 st	\$ _____
Peter's Pence	Jul. 1 st	\$ _____	All Saints Day	Nov. 1 st	\$ _____
Camp. Hum Dev.	Nov. 15 th	\$ _____	Immac. Concep.	Dec. 8 th	\$ _____
Relig. Retirement	Dec. 15 th	\$ _____	Christmas	Dec. 25 th	\$ _____

All debits will be posted on the days indicated above or on the next business day.

SIGNATURE _____ **DATE** _____