

ST BONAVENTURE CHURCH E-Tithing Enrollment Form

COMPANY NAME: St. Bonaventure Catholic Church ENVELOPE ID NUMBER _____

I (we) hereby authorize St. Bonaventure Church hereinafter called COMPANY, to initiate a debit entry to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY (BANK)

NAME _____

The amount of \$ _____ is to be deducted from my (our) account on the **10th of each month**. (If such date occurs on a Non Banking day, such transfer will occur on the next banking day.)

The amount of \$ _____ is to be deducted from my (our) account on the **25th of each month**. (If such date occurs on a Non Banking day, such transfer will occur on the next banking day.)

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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) _____ Phone# _____

ADDRESS _____ E-mail Address _____

SIGNED _____ Date _____

ATTACH A VOIDED CHECK HERE

