

**PARISHIONER ENROLLMENT FORM**  
**SUNDAY OFFERTORY**

For your convenience and to improve the efficiency of our parish, St. Peter's is setting up an Offertory Auto-Draft system. On the 15<sup>th</sup> of each month your bank will transfer the amount you indicate as your monthly Sunday Offering to St. Peter's account. Please complete the following and attach a voided check (or savings deposit slip if savings account draft only).

NAME \_\_\_\_\_ ENVELOPE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please indicate account type: \_\_\_\_\_ checking **or** \_\_\_\_\_ savings

Bank's ABA Routing Number: \_\_\_\_\_

(This would be the first group of numbers at the bottom left of your check: usually eight or nine digits)

Your Checking (or Savings) Account Number \_\_\_\_\_

(Group of numbers to the right of the ABA number at the bottom of your check: number of digits may vary)

AMOUNT OF EACH PAYMENT TO BE DEBITED: \$ \_\_\_\_\_ .00 MONTHLY  
EFFECTIVE: \_\_\_\_\_

I (we) \_\_\_\_\_ authorize St. Peter's Catholic Church  
Print your name/names

To make regular debit entries (deductions) from the checking (or savings) account listed above.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

(If there are two names on your account, both parties should sign this form)

The above authorization is to remain in full force and effect until St. Peter's Catholic Church and the financial institution named here have received written notification from me (us) of its termination in such time and such manner as to afford St. Peter's Catholic Church and the Financial Institution above a reasonable opportunity to act on it (minimum of 30 days).

**Please return this form along with a voided check (or savings deposit slip) to: Mary Ann Sullivan, Business Office, and St. Peter's Catholic Church.**

**Note: You will be notified by the office that this procedure is in place and when the drafting of your account will begin.**