St. Vincent de Paul E-Tithing Enrollment Form

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Step 1: Select the accounts you wish to distribute funds to from sections A / B / C**

**SECTION A These accounts are debited from your account on the 20th of each month**

**Account Amount Starting Month & Year**

\_\_\_\_ 1. Monthly Adult Tithing

\_\_\_\_ 2. School Donation

\_\_\_\_ 3. Guardian Angel Fund

\_\_\_\_ 4. School Endowment

\_\_\_\_ 5. Parish Endowment

\_\_\_\_ 6. CCD Religious Ed

\_\_\_\_ 7. Utility & Fuel

\_\_\_\_ 8. Maintenance

\_\_\_\_ 9. Capital Improvement

\_\_\_\_ 10. Priest’s Retirement

**SECTION B This account is debited from your account on the 5th and 20th of each month**

**Account Amount Starting Month & Year**

\_\_\_\_ 1. Bi - Monthly Adult Tithing

**SECTION C This account is debited on the 20th of February ONLY suggested donation: $15**

**Account** **Amount** **Starting February, Year**

\_\_\_\_ 1. Southern Neb Register

\_\_\_\_ **I would like to continue receiving my offering envelope for the occasional special collections.**

\_\_\_\_ **I wish to discontinue receiving my offering envelopes in the mail.**

**Step 2: Complete Authorization Agreement, Read Disclosures and Sign on the Back**

I authorize St. Vincent de Paul Catholic Church to initiate debit entries to my (please select one) **\_\_\_\_\_checking account \_\_\_\_\_savings account** indicated below and the depository financial institution named below to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Name on Account** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Bank** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9-digit Bank Routing #** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ **Bank Account #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_ New Enrollment** **\_\_\_\_\_ Update Enrollment Form**

**Please Attach Voided Check or Savings Deposit Slip to Ensure Accuracy of Information**

Disclosures: This authority is to remain in full force and effect until St. Vincent de Paul has received written notification from me of its termination in such time and in such manner as to afford St. Vincent de Paul and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Vincent de Paul prior to receipt of notice of termination.

I further authorize St. Vincent de Paul to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I authorize the Depository to accept and to credit or debit the amount of such entries to my account.

I have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Account holder(s)

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**Step 3:** Drop the completed form in the collection basket, or mail it to us at: St. Vincent de Paul, Attn: Tausha Dybdal, 152 Pinewood Ave, Seward, NE 68434. Please do not submit this form by email because this is not a secure means of transmission. Thank you for participating in our E-Tithing Program.

**NOTE:**  If you ever need to change any information regarding your enrollment, please fill this form out again and select the Update Enrollment Form on the front.

During the months the 5th or 20th fall on a Saturday or Sunday, the debit will occur on the next business day.

Attach Voided Check or Deposit Slip