

**CHECKING ACCOUNT AND CREDIT CARD
ELECTRONIC GIVING ENROLLMENT FORM**

During 2006 St. Thomas Parish started a monthly electronic giving program to help make contributing to the financial support of the parish more convenient. Electronic giving allows you to make automatic monthly financial contributions to the parish from your designated checking account or credit card*. You are welcome to continue putting an empty envelope in the Sunday collection basket with the note "Electronic Giving". Transactions occur on the 5th of each month, or the next business day thereafter if the 5th falls on a weekend or holiday.

The electronic giving option is a free service to you and provides benefits to both you and the parish:

Your benefits:

Makes giving more convenient – contribute directly from your checking account.

Allows you to thoughtfully plan your annual contribution to the parish.

Is secure and free.

Parish benefits:

Stabilizes the parish budget with your scheduled contributions.

Saves hours of administrative time spent processing payments.

Promotes the parish mission through additional resources and available staff time.

* While we are offering the credit card option, when calculating your donation please consider that each transaction is assessed a 3% fee to the parish. Also, please alert the parish when your credit card expires or a new card is issued as the parish is assessed a \$4.50 fee for each rejected charge on an expired or closed account. Only MasterCard or Visa is accepted.

ELECTRONIC GIVING ENROLLMENT AGREEMENT

I authorize St. Thomas the Apostle Parish to instruct my bank or credit card to debit from the account specified on this form. This authorization will remain in effect until I give written notice to the Business Manager of St. Thomas Parish 15 days prior to the next debit date to terminate authorization. I understand that there will be a non-sufficient funds (NSF) fee charged to my checking account for NSF debits. **Please attach a voided check to this form and return it in the collection basket, or to the parish office at 530 Elizabeth St., Ann Arbor, MI 48104. Thank you.**

Name _____

Street Address _____

City/State/Zip _____ Envelope # _____

Monthly Contribution Amount: _____ or Increase the Amount to _____

Name of Bank _____ Checking Account # _____

Master Card or Visa (circle one) Credit Card Number _____

Credit Card Expiration Date _____

I authorize an automatic increase each year beginning January 1st of:

____3%, ____5%, ____10% or ____% **OR** ____\$5/mon., ____\$10/mon., ____\$20/mon. or ____\$ per month.

Authorized Signature: _____ Date _____