

St. Mary Parish *St. Anthony Parish*

31 Shirley Street, Ayer, Massachusetts 01432-1295

EFT (for Electronic Funds Transfer) - AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize the above checked parish to initiate debit entries to my (our) account, indicated below, from the depository financial institution named below; and to deposit the SAID AMOUNT CHECKED OFF BELOW to the said Parish's Offertory account. I (we) acknowledge that the origination of EFT transactions by my (our) account must comply with the provisions of U.S. law.

My (our) Financial Institution Name _____ City/State _____, _____

The Financial Institution Routing Number _____

Checking Acct. Number _____ or Savings Acct. Number _____

(PLEASE ATTACH A VOIDED CHECK FROM YOUR FINANCIAL INSTITUTION.)

This authorization is to remain in full force and effect until either Parish has received written notification from me (or either of us) of its termination in such time and in such manner as to afford said Parish and the Financial Institution a reasonable opportunity to act on it.

I (we) authorize the following amount to be withdrawn on the 15th of each month for St Mary's or the 10th of each month for St Anthony's for the OFFERTORY Collection:

- () \$200 per month [= \$2400 per year, divided by 51 weeks, not including Easter/Christmas or about \$47.06 per week]
- () \$175 per month [= \$2100 per year, divided by 51 weeks, not including Easter/Christmas or about \$41.18 per week]
- () \$150 per month [= \$1800 per year, divided by 51 weeks, not including Easter/Christmas or about \$35.29 per week]
- () \$125 per month [= \$1500 per year, divided by 51 weeks, not including Easter/Christmas or about \$29.41 per week]
- () \$100 per month [= \$1200 per year, divided by 51 weeks, not including Easter/Christmas or about \$23.50 per week]
- () \$ 75 per month [= \$900 per year, divided by 51 weeks, not including Easter/Christmas or about \$17.65 per week]
- () \$ 50 per month [= \$600 per year, divided by 51 weeks, not including Easter/Christmas or about \$11.76 per week]
- () \$42.50 per mo. **MINIMUM** [= \$510 per year, divided by 51 weeks, not including Easter/Christmas or about \$10 per week]
- () Other \$ _____ per month **for Offertory.**

NOTE: If you **also** want to donate to **Maintenance or Utilities at St Mary's, or Parish Support or Utilities at St Anthony's**, please indicate that amount below, **with your Offertory amount above, and Total your Monthly Donation. The funds will be divided on our end. Thank you!**

\$ _____ for STM Maintenance; \$ _____ for STM Utilities. My Total Monthly Amt. = \$ _____

\$ _____ for STA Parish Support; \$ _____ for STA Utilities. My Total Monthly Amt. = \$ _____

Yes, I would like to receive envelopes.

No, I would not like to receive envelopes.

Payments will begin in the month immediately following the month of receipt of this Authorization Form by the Parish; UNLESS it is received at least 5 days prior to the withdrawal date (above) for said parish, withdrawal will be in the same month.

PLEASE PRINT CLEARLY, THANK YOU.

Name(s) _____

Street _____ Town _____ State _____ Zip _____ + _____

Today's Date _____/20____ Signature(s) _____

Please make a copy of this for your records and return the original to the Parish Office. Thank you.