

Welcome to Church of St. Therese the Little Flower!

Our parish offers automatic offertory for your convenience in making your monthly offertory contributions. We currently have the options of having your offertory commitments withdrawn from your accounts either biweekly or once a month. The first of two biweekly withdrawals are made on or around the 11th of each month, and the second is made on or around the 22nd of each month along with the monthly withdrawals.

This is a very convenient option for keeping your offertory commitments each month, especially for those who travel and are gone for weeks at a time. All of your information is kept confidential, and will be tracked using your envelope number. You will continue to receive quarterly envelopes in the mail for your use in making contributions for Holy Days, Building Fund, Debt Reduction, and flowers.

Signing up is very easy. Just fill out the bottom half of this letter and either mail it to the parish office or drop it in the offertory collection in a sealed envelope *with a voided check from the account you will have funds withdrawn from*. If at any time you would like to increase your offertory donation or make other changes, we do need your changes made in writing.

If you have any questions at all about this process, please contact me at the Parish Office at 838-1520.
Kathy Wentz, Accounts Manager

Church of St. Therese the Little Flower **AUTHORIZATION FOR DIRECT DEPOSIT OFFERTORY (ACH)**

_____ Name on account
_____ Account number
_____ Routing number
_____ Account type (checking/savings)

I authorize St. Therese, Church of the Little Flower, Minot ND, to create the electronic debit entries to my checking account in the amount indicated below:

\$ _____ Bi-weekly – withdrawn on or around the 11th & 22nd of each month OR
\$ _____ Monthly withdrawn on or around the 22nd of each month.

Your contributions will become effective the next occurring offertory after the receipt of this signed form, *or another date indicated on this form*. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. *This authorization will remain in effect until I have cancelled or adjusted it in writing*. Please attach and return this form with a VOIDED check from the banking institution you request funds withdrawn from. Account & Routing Numbers will always remain *completely confidential*.

Date: _____

Signature: _____

For office use only:

Envelope #: _____ Date entered: _____

Updated: _____