

Parish of Saint Bernard of Clairvaux
APPLICATION FOR PREAUTHORIZED SUNDAY STEWARDSHIP OFFERINGS
Parishioner Name:

Social Security Number:

I (We) hereby authorize The Parish of Saint Bernard of Clairvaux, hereinafter called the PARISH, to initiate debit entries to my (our) checking/savings account indicated below and the depository named below, hereinafter called the DEPOSITORY (BANK) to debit the same to such account.

DEPOSITORY NAME (BANK NAME):

BRANCH:

CITY: _____

STATE: _____ **ZIP:** _____

YOUR ACCOUNT NUMBER:

BANK TRANSIT / ABA NUMBER:

PLEASE CHECK ONE:

WEEKLY OFFERING: _____ **AMOUNT:** _____ (To be settled each Wednesday)

BI-MONTHLY OFFERING: _____ **AMOUNT:** _____ (To be settled the 10th and 25th of each month)

MONTHLY OFFERING: _____ **AMOUNT:** _____ (To be settled the 5th of each month)

This authority is to remain in full force and effect until the PARISH and DEPOSITORY (BANK) have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the PARISH and DEPOSITORY (BANK) a reasonable opportunity to act on it.

(Special note: the above agreement is for Sunday offerings only and does not include Holy days, Easter, Christmas or special offerings such as the annual Seminarian Collection. Please consult your monthly envelope package for dates and envelopes for these offerings.)

NAMES: _____ **or** _____
(please print) (please print)

SIGNATURES: _____ **or** _____

SOCIAL SECURITY NUMBERS: _____ **or** _____

DATED: _____

PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP FROM YOUR DEPOSITORY (BANK) INSTITUTION.