

St. Richard of Chichester

4 Bridge Street
Sterling, MA 01564



Dear Parishioner,

Thank you for considering the parish's Automated Giving program as a means to share your financial gifts with St. Richard Parish. This Automated Giving program will be used for the regular Sunday offerings. Automated Giving will not be used for special collections like Christmas, Easter, etc.

To enroll in our Automated Giving program, kindly complete and sign the Authorization Form on the following page. Return the completed form to Kathy Majikas at the parish office along with a voided check (or pre-printed savings deposit ticket) for the bank account you want us to use for your Automated Giving. This will provide the information we need to set up the request with your bank (the bank identification number and account number) and will be held in strict confidence. Once we have received your information, you will be informed of the start date for your ACH contributions.

If you opt to use the Automated Giving program, you will still receive envelopes on which will be a box for you to check indicating that you give by ACH debits. You can then continue to place a weekly envelope in the basket during the collection.

If you have any questions, please feel free to contact Kathy Majikas at the rectory office at 978-422-8881.

Thank you so much for considering this form of regular giving as part of your overall stewardship plan. This is one more way that you exemplify what it means to live up to your baptismal call to follow Jesus as a good steward of God's gifts.

Sincerely yours in Christ,
Rev. James Steuterman
Pastor

St. Richard of Chichester Church
Authorization Agreement for Direct Payments (ACH Debits)

I/we _____, hereby authorize **St. Richard of Chichester Church** to initiate debit entries to my/our () Checking / () Savings account indicated below, hereafter called DEPOSITORY. I/we acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Name of Financial Institution _____

City/State/Zip _____

Routing No.: _____ Account No. _____

(Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.)

Regular Sunday Offering

Amount of each pre-authorized withdrawal: Frequency (choose one):

_____ Weekly – on Mondays (Tuesday after a legal holiday)

_____ Monthly – on the 1st Monday of the Month (Tuesday after a legal holiday)

Amount: \$ _____

Phone number: _____

This authorization is to remain in full force effect until St. Richard of Chichester Church has received written notification at least five business days in advance of the desired termination date. (Send notification to Kathy Majikas)

(Authorized signature for above account) (Print Name) Date:

If second signature is required:

(Authorized signature for above account) (Print Name) Date:

Email Address:

Cancellation of Automated Giving

I, _____, direct St. Richard of Chichester Church to discontinue automatic debit entries to my bank account.

Date: _____

Signature

Print Name

Phone