

E-Tithing Change Form

Step 1: Tithing Information

<p>Please change my: A) Monthly Offering for Regular Church Support \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 20th of that month.</p>	<p>Please change my: E) Monthly School Donation \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 20th of that month</p>
<p>Please change my: B) Monthly Building Fund Gift to BOS Campaign \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 20th of that month.</p>	<p>Please change my: F) Quarterly Bldg Fund Gift to BOS Campaign \$ _____ Month of 1st Withdrawal _____ (Can only be January, April, July, or October) Amount will be debited from your account beginning on the 20th of that month.</p>
<p>Please change my: C) Southern Nebraska Register – Suggested donation is the subscription cost of \$15.00. Amount will be debited from your account <u>once a year</u> on Feb. 20th. Yes ____ No ____ Amount (if other than \$15) \$ _____</p>	<p>Please change my: G) St. Vincent DePaul Society Donation \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 20th of that month.</p>
<p>Please change my: D) Christmas Donation \$ _____ Amount will be debited from your account <u>once a year</u> on Dec. 20th.</p>	<p>Please change my: H) NAM School Endowment Donation \$ _____ Month of 1st Withdrawal _____ Amount will be debited from your account beginning on the 20th of that month.</p>

_____ I would like to continue getting offering envelopes.

Step 2: Complete Authorization Agreement, Read Disclosures and Sign at the Bottom

I authorize North American Martyrs Catholic Church to initiate debit entries to my (please select one)

checking account savings account indicated below and the depository financial institution named below to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Bank _____

Name on Account _____

9-digit Bank Routing # _____ Bank Account # _____

Please Attach Voided Check or Savings Deposit Slip to Ensure Accuracy of Information

THE BACK OF THIS FORM MUST BE SIGNED

Disclosures: This authority is to remain in full force and effect until North American Martyrs has received written notification from me of its termination in such time and in such manner as to afford North American Martyrs and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by North American Martyrs prior to receipt of notice of termination.

I further authorize North American Martyrs to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I authorize the Depository to accept and to credit or debit the amount of such entries to my account.

I have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

X _____
Signature(s) of Account holder(s)

X _____

E-mail address: _____

Step 3: Simply drop the completed form in the collection basket, or mail it to us at: North American Martyrs, Attn: Sarah, 1101 Isaac Drive, Lincoln, NE 68521. Please do not submit this form by email because this is not a secure means of transmission. Thank you for participating in our E-Tithing Program!

NOTE: If you ever need to change any information regarding your enrollment, please request a Change/Deletion Form from the Parish Office or by sending an e-mail to sarah-rohrs@cdolinc.net