

# E-Tithing Change Form

## Step 1: Tithing Information

<p><b>Please change my:</b>  <b>A) Monthly Offering for Regular Church Support</b>          \$ _____          Month of 1<sup>st</sup> Withdrawal _____          Amount will be debited from your account beginning on the 20<sup>th</sup> of that month.</p>	<p><b>Please change my:</b>  <b>D) Monthly NAM School Endowment Donation</b>          \$ _____          Month of 1<sup>st</sup> Withdrawal _____          Amount will be debited from your account beginning on the 20<sup>th</sup> of that month.</p>
<p><b>Please change my:</b>  <b>B) Southern Nebraska Register</b> – Suggested donation is the subscription cost of \$15.00.          Amount will be debited from your account <b>once a year on Feb. 20<sup>th</sup></b>          Yes ____ No ____          Amount (if other than \$15) \$ _____</p>	<p><b>Please change my:</b>  <b>E) Christmas Donation</b>          \$ _____          Amount will be debited from your account <b>once a year on Dec. 20<sup>th</sup></b></p>
<p><b>Please change my:</b>  <b>C) Monthly School Donation</b>          \$ _____          Month of 1<sup>st</sup> Withdrawal _____          Amount will be debited from your account beginning on the 20<sup>th</sup> of that month</p>	<p><b>Please change my:</b>  <b>F) Monthly St Vincent de Paul Donation</b>          \$ _____          Month of 1<sup>st</sup> Withdrawal _____ Amount will be debited from your account beginning on the 20<sup>th</sup> of that month.</p>

## 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

**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** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature(s) of Account holder(s)

E-mail address: \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Step 3:** Simply drop the completed form in the collection basket or mail it to us at: North American Martyrs, Attn: Connie, 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 [connie-stephens@cdolinc.net](mailto:connie-stephens@cdolinc.net)