



St. Francis of Assisi
115 First Avenue
Brunswick, Maryland 21716

St. Mary Catholic Church
4231 Catholic Church Road
Petersville, Maryland 21758

Parish Office:
113 First Avenue
Brunswick, Maryland 21716

Phone 301.834.9185
Fax 301.834.4162

Web page - www.stfrancis-stmary.org
email: office@stfrancis-stmary.org

Dear Parishoner:

Thank you for considering the parish's Automated Giving program as a means to share your financial gifts with St. Francis-St. Mary's. This Automated Giving program will be used for the regular offertory Sunday collections and the weekly second collections such as Faith Formation, Building Maintenance, Archdiocesan Collections, and the Regional School. If you request funds be withdrawn for the weekly second collection, it will be applied to the identified second collection for that week.

To enroll in our Automated Giving program, kindly complete and sign the Authorization Form on the back of this letter. Return the completed form to Diane Bath at the parish office along with a voided check (or pre-printed savings deposit ticket) for the bank account you want 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 have any questions, please feel free to contact Diane Bath at the parish office at 301-834-9185 x12.

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,

A handwritten signature in cursive script that reads 'Deacon Tex'.

Rev. Mr. L.P. Teixeira

St. Francis of Assisi-St. Mary Catholic Church
Authorization Agreement for Direct Payments (ACH Debits)



New Authorization Change Contribution Amount Change Financial Institution Discontinue ACH Debits

Name: _____

Mailing Address: _____

Daytime Phone Number: _____ Envelope # _____

Bank Information

I/we hereby authorize St. Francis-St. Mary Catholic Church to make debit entries from 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: _____

Routing Number: _____ Account Number: _____

(Attach to this form, a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.) **NOT REQUIRED FOR AMOUNT CHANGES**

Regular Sunday Offering

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

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

\$ _____ Weekly Second Collections – On Mondays (Tuesday after a legal holiday)
(weekly option only)

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

Total Amount: \$ _____

This authorization is to remain in full force and effect until St. Francis-St. Mary Catholic Church has received written notification on an authorization form at least ten (10) business days in advance of the desired termination date. (Send required form to Diane Bath)

Authorized Signature for Above Account

Printed Name

Date

If second signature is required:

Authorized Signature for Above Account

Printed Name

Date