

# Immaculate Conception Catholic Church Stewardship Commitment Form

“Do not forget to do good and to share with others, for with such sacrifices God is pleased.” - Hebrews 13:16

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

I choose to give  \$10.00  \$100.00 each  week  
 \$25.00  \$250.00  month  
 \$50.00  \$\_\_\_\_\_  other: \_\_\_\_\_

This contribution to the support of my Parish will be in:

- Cash or Check -----→ Please use your envelopes
- Direct deposit from my bank account --→ Please complete the e-tithing enrollment section below
- Charged to my credit card -----→ Please complete the e-tithing enrollment section below

## e-tithing enrollment for New Enrollees or Current Participants with account changes

For automatic bank draft, check one:  Checking Account  Savings Account

Please follow the contribution instructions above. I understand that weekly contributions will occur on or after the following Tuesday, and monthly contributions will occur on or after the 5<sup>th</sup> day of the month.

Financial Institution: \_\_\_\_\_

Location of Financial Institution: \_\_\_\_\_  
*City* *State* *Zip*

Information on your account: \_\_\_\_\_  
*Routing Number* *Account Number*

**In addition, please attach a blank voided check or deposit slip.**

For automatic bank draft: I hereby authorize Immaculate Conception Church to initiate electronic debit entries to the account indicated above and the Financial Institution named above to debit same to such account. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law. In the event an incorrect debit is made, I authorize credit entries to correct errors made to this account.

### For contributions made using a credit card:

Visa  MasterCard  Discover  
Card Number \_\_\_\_\_  
CVV Code \_\_\_\_\_  
Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
(if different from above) *Street Address* *City* *State* *Zip*

**Please complete form and read and sign below.** This authorization is to remain in force until Immaculate Conception Church receives written notification from me of its termination in such time and in such manner as to afford Immaculate Conception Church a reasonable opportunity to act on it.

\_\_\_\_\_  
*Name (Print)* *Signature* *Date*