



E-Tithing Enrollment Form

I (we) hereby authorize **Our Lady of Perpetual Help Catholic Church**, hereinafter called **Our Lady of Perpetual Help**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Your Community Bank, to debit the same to such account for(tithing). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Name: _____

Email: _____

Financial Institution: _____

Address of Financial Institution: _____

Address City State Zip

Account Information: Routing Number Account Number

Type of Account: Checking Savings

This authority is to remain in full force and effect until **Our Lady of Perpetual Help Catholic Church** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Our Lady of Perpetual Help Catholic Church** a reasonable opportunity to act on it.

(Print Individual Name) (Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Debit Information: Please indicate when you would like your tithing to start.

Immediately Other _____

Please indicate the amount you wish to have transferred on the following days. Transfers can be made twice a month or once.

\$ _____ 1st Monday of the Month \$ _____ 3rd Monday of the Month

Please indicate the amount you wish to have transferred for the following monthly collections. Transfers can be made once a month on the third Monday

\$ _____ St. Vincent De Paul \$ _____ Kingdom Builders

Our Faith • Our Community • Our Lady