

# Electronic Donation Payment Authorization

St. Thomas the Apostle Church offers electronic donation program for your weekly or monthly contributions, Fair Ability and Extended Time payments easy and effortless to process. On the allocated day, funds will be withdrawn from your account and summarized on your monthly bank statement as a St. Thomas donation or payment. Donors will receive an annual confirmation from St. Thomas Church for their tax returns. We have been told that many of you appreciate the time saved and the security of a direct transfer, as well as the flexibility of changing the amount or discontinuing the program at any time. **Please complete the Electronic Donation Payment Authorization form and return it to St. Thomas Pastoral Center, 272 King Street, Crystal Lake, IL 60014, attention Sonda Herren.** Please do not hesitate to contact Sonda at 815-455-5400, ext. 413 should you have any questions. Thank you for supporting our Parish with your donations.

## ELECTRONIC DONATION PAYMENT AUTHORIZATION

I (we) hereby authorize ST. THOMAS THE APOSTLE CHURCH, 272 KING ST., CRYSTAL LAKE, IL, to charge my account for my donations (s) as follows:

\_\_\_\_\_ My weekly Sunday contribution of \$ \_\_\_\_\_ (to Church)  
(transferred **every Friday**)

\_\_\_\_\_ My monthly Sunday contribution of \$ \_\_\_\_\_ (to Church)  
(transferred **every month on the** \_\_\_\_\_ 5th; OR \_\_\_\_\_ 20th)

\_\_\_\_\_ My monthly Fair Ability Tuition of \$ \_\_\_\_\_ (to School)  
(transferred **every month on the** \_\_\_\_\_ 5th; OR \_\_\_\_\_ 20th)

\_\_\_\_\_ My monthly Extended Time Tuition of \$ \_\_\_\_\_ (to Extended Time)  
(transferred **every month on the** \_\_\_\_\_ 5th; OR \_\_\_\_\_ 20th)

NAME ON THE ACCOUNT: \_\_\_\_\_

PRINT: LAST / FIRST / MIDDLE NAMES: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TRANSIT / ABA NUMBER: \_\_\_\_\_

DEPOSITORY NAME: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

To initiate debit entries to my (our) checking account or savings account, and if necessary, credit entries and adjustments for any debit entry in error to me (our) account indicated above and financial depository institution to debit and or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

YOUR SIGNATURE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This authority is to remain in full force and effect until St. Thomas the Apostle Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Church and Depository a reasonable opportunity to act on it.

**PLEASE ATTACH A VOIDED CHECK WITH THIS FORM**

*Web Form*