

**HOLY CROSS CHURCH AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS**

The Electronic Transfer requires a one-time set up, in which you choose the amount you want to contribute each month. Once the transfer is set up, this amount will be automatically deposited into Holy Cross Church's account until you authorize a change in writing.

The process is like an electronic check that your banking institution "writes" to Holy Cross Church. These electronic checks eliminate the need for a Holy Cross Church staff person to process a paper check and are safer to use than paper, as they are easier to track upon deposit. They are also less expensive to process than paper checks. These electronic checks show up on your bank statements typically categorized as an "Other Debit".

The benefits of this system for your household and Holy Cross Church:

- Safe and secure way to contribute
- No processing fees
- Easily monitored
- Allows for regular and consistent giving

Holy Cross Church has set two possible dates for you to choose from to have your contribution deducted from your account. The two dates are the 10th and the 25th of each month. We hope that many of you will elect to use this system. If you have any questions please feel free to contact Gina Hill at 663-2244 or ghill@dor.org.

Fill out the form below and *attach a voided check* if you wish to use electronic transfer. Return to the parish office or place in the offering basket.

NAME _____

ADDRESS _____
(PLEASE PRINT)

E-MAIL _____

PHONE _____

I (we) hereby authorize **Holy Cross Church** to initiate debit entries to my (our)
() **Checking Account**/ () **Savings Account** (select one) indicated below at the bank or financial institution named below, hereinafter called **BANK**, and to debit the same to such account. I (we) acknowledge that the origination of Electronic transactions to my (our) account must comply with the provisions of U.S. law.

NAME OF YOUR BANK OR FINANCIAL INSTITUTION

**YOUR BANK/ FINANCIAL INSTITUTION
ROUTING NUMBER**

YOUR ACCOUNT NUMBER

Preferred Transaction Date (Please check one or both)

If you choose one withdrawal a month divide your yearly offertory gift by 12, if you choose twice a month divide the yearly by 24.

() **10th of each month**

Dollar amount _____

() **25th of each month**

Dollar amount _____

() **10th & 25th of each month**

Dollar amount _____

Start Date _____

This authorization is to remain in full force until Holy Cross **has** received written notification from you to change the amount or to terminate the transfer. Ordinarily a 30 day notice is needed.

DATE _____ **SIGNATURE** _____

Other Collections

Every other month you will receive by mail your second collection envelopes. If you would like your offering for these to be done by electronic transfer, please call Gina at 663-2244.

Credit Cards

If you would prefer to give your offertory gift by using a credit card, please call Gina at 663-2244.

Please attach a sample VOIDED CHECK here.

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