

July 2008

Dear Parishioner;

St. Andrew has the capability to electronically debit your contribution to the Sunday Offertory account. Many of our parishioners take advantage of this convenience. By choosing this method for your contribution, you will not continue to receive the packet of monthly envelopes. The parish will mail the "special" envelopes separately. The parish, however, will receive an extra benefit of time savings and cash flow by your choosing to have your Sunday Offering electronically debited.

If you so desire to take advantage of the electronic transfer, please complete the form below. The form must be signed by an authorized signer on the bank account indicated. Debits will occur on the 15<sup>th</sup> (or next banking day) of each month and will continue until you initiate a change in this agreement through the Business Manager at the Parish Office. You may return the completed form to my attention through the mail, collection basket, or drop it off at the parish office.

If you do not desire to have your contribution electronically debited, please remember to write your envelope number in the memo section of your check. If you have any questions or comments please feel free to contact me at 451-4290. Thank you for your kind support of St. Andrew Parish.

Sincerely,

Ann Whiteman  
Business Manager  
St. Andrew Parish

**St. Andrew Parish**  
**Authorization for Automatic Withdrawal of Sunday Offertory Contribution**

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**General Information (please print):**

Parishioner Name: \_\_\_\_\_  
Envelope Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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**Automatic Withdrawal Agreement**

I/we agree that my/our monthly Sunday Offertory contribution of \$ \_\_\_\_\_ to St. Andrew Parish will be electronically debited on the 15<sup>th</sup> of every month from the account I/we have indicated below. If the 15<sup>th</sup> falls on a non-banking day, the debit will occur on the first banking day following the 15<sup>th</sup> of the month. This agreement will continue to be in effect until I/we notify the Business Manager at St. Andrew that I/we wish to terminate or make a change to this agreement.

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Type of Account    Checking (attach a VOID check)    Savings

Parishioner Signature and Date: \_\_\_\_\_

Month you would like to begin \_\_\_\_\_

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**For Office Use Only:**

Date Received: \_\_\_\_\_

Date Effective: \_\_\_\_\_