



AUTO TITHE & DIRECT GIVING DONATION FORM

I/we make the following contribution in support of Saint Thomas the Apostle Roman Catholic Parish. I understand that I may adjust my offering by contacting, the Parish Finance Manager at **(602) 954-9089**.

NEW AUTHORIZATION
 CHANGE IN DONATION
 CHANGE IN BANK INFORMATION
 CANCELLATION

Donor Information (Print or Type Clearly)

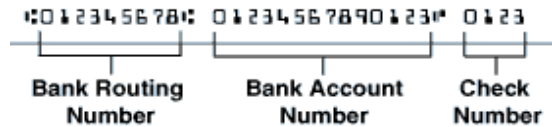
First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Envelope Number: _____
 Email Address: _____

BANKING INFORMATION

Account type (Please check one)
 Checking
 Saving
 Routing Number (9 digits)

 Account Number

The Routing number and Account Number are located at the bottom of your check as shown in example.



DONATION INFORMATION

Type of Offering

Sunday Offertory
 Bldg Virtues Pledge
 Maintenance Fund
 School Support

Recurring Donation Amount

\$ _____
 \$ _____
 \$ _____
 \$ _____

Donation Frequency

Monthly on the 5th
 Monthly on the 20th
 Twice monthly - on the 5th AND 20th

AUTHORIZATION

I certify that I am authorized to initiate this agreement. This authorization will remain in effect until I give written notice for any change or cancellation.

x Signature: _____ Date _____

Please return the completed form to the Parish Office - Attn: Finance Office. Remember to attach a voided check (for checking account debit) or deposit slip (for saving account debit).