



3801 A Avenue
Kearney, NE 68847
308-234-5536
lisa@stjameschurchkearney.org

NAME:

Electronic Funds Transfer Form

<i>For Office Use Only</i>	Verification Letter:	Date Sent:
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Name of Member (Please Print):

Address:

City:

Please take my contribution directly from my checking account specified:

- Checking Account (**ATTACH A VOIDED CHECK OR DEPOSIT TICKET**)

I authorize St. James to process debit entries to my account. I have attached a voided check. This debit is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and manner as to afford the CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on the termination.

(Print Individual Name)

(Signature)

(Date)

PLEASE TURN OVER TO COMPLETE DONATION INFORMATION

MEMBER AUTHORIZATION

YES: I would like to begin Electronic Payment

Start Date: _____

Change Contribution Amount

Change of Bank

New Authorization

Change Contribution Date

Discontinue Electronic Pay

REGULAR CONTRIBUTIONS

Day of Month to Transfer:

_____ 2nd (and/or) _____ 16th

Amt. per transfer: \$ _____

Weekly on Wednesdays:

Amt. per transfer: \$ _____

Easter Flower Contribution

Transfer Date: March 17th

Amount: \$ _____

In Honor or Memory (please circle one)

Christmas Flower Contribution

Transfer Date: December 17th

Amount: \$ _____

In Honor or Memory (please circle one)

HABITAT FOR HUMANITY

Day of Month to Transfer: 16th

Amt. per transfer: monthly

\$ _____

DIOCESAN SPECIAL COLLECTIONS (transferred on 16th)

January—Latin America Churches \$ _____

February—Eastern Europe Churches \$ _____

March—Catholic Relief Services \$ _____

April—Holy Land \$ _____

April—Home Missions Appeal \$ _____

May—Seminary \$ _____

June—Communications \$ _____

July—Peter’s Pence \$ _____

September—West NE Register \$ _____

October—World Mission Sunday \$ _____

November—Bishops Special Cause \$ _____

December—Retirement for Religious \$ _____

Capital Improvements

Day of Month to Transfer: 2nd

Amt. per transfer: \$ _____

START DATE: _____

Please note that if any regular contribution date falls on a week-end, contributions will be withdrawn the next available banking business date.