

St.James

Kearney, NE 68847

308-234-5536

Church

lisa@stjameschurchkearney.org 3801 A Avenue

Electronic Funds Transfer Form

For Office Use Only	Verification Letter:	Date Sent:	
Name of Member (Please Print):			
Address:			
City:			
,	ution directly from my checking ac	count specified: HECK 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 Individ	dual Name)		
(Signatu	ure)		
(Dat	e)		

PLEASE TURN OVER TO COMPLETE DONATION INFORMATION

MEMBER AUTHORIZATION	□ YES: I would like to begin E	lectronic Payment
Start Date:	□ Change Contribution Amount□ Change Contribution Date	Change of BankDiscontinue Electronic Pay
REGULAR CONTRIBUTIONS		
Day of Month to Transfer:2nd (and/or)16th	DIOCESAN SPECIAL COLLECTIONS (transferred on 16th)	
Amt. per transfer: \$ Weekly on Wednesdays: Amt. per transfer: \$	January—Latin America Churches	\$ \$
Easter Flower Contribution Transfer Date: March 17th	February—Eastern Europe Churches March—Catholic Relief Services	\$
Amount: \$ In Honor or Memory (please circle one)	April—Holy Land April—Home Missions Appeal	\$ \$
	May—Seminary June—Communications	\$ \$
Christmas Flower Contribution Transfer Date: December 17th Amount: \$	July—Peter's Pence September—West NE Register	\$ \$
In Honor or Memory (please circle one)	October—World Mission Sunday November—Bishops Special Cause	\$ \$
HABITAT FOR HUMANITY	December—Retirement for Religious	\$
Day of Month to Transfer: 16th Amt. per transfer: monthly \$	CAPITAL IMPROVEMENTS Day of Month to Transfer: 2nd Amt. per transfer: monthly \$	