

NAME: _____

ADDRESS: _____

2016

ENVELOPE NUMBER: _____

Gifts for Every Month

Monthly Offertory Collection \$ _____

Monthly Maintenance & Repairs Collection \$ _____

Gifts for Specific Month(s)

Solemnity of Mary (Jan) \$ _____

Initial (Jan) \$ _____

Special Care Diocesan Priests (Jan) \$ _____

Catholic Review (Jan) \$ _____

Appalachia Outreach Work Cam (Jan) \$ _____

Eastern Europe (Feb) \$ _____

Ash Wednesday -- Church Offering (Feb) \$ _____

Special Heating Fund (Feb) \$ _____

Catholic Review (Feb) \$ _____

American Bishops Overseas Aid (include Latin America) (Mar) \$ _____

Easter Flowers (Mar) \$ _____

Holy Thursday (Mar) \$ _____

Holy Land Shrines -- Good Friday (Mar) \$ _____

Good Friday Church (Mar) \$ _____

EASTER (Mar) \$ _____

Cemetery Care (Apr) \$ _____

Catholic Communications/Catholic Univ of America (May) \$ _____

Ascension Holy Day (May) \$ _____

Youth Ministry/Future Catholic Leaders (May) \$ _____

Catholic Review (Jun) \$ _____

Holy Father Peter's Pence (Jun) \$ _____

Missionary Cooperative Plan (Jul) \$ _____

Special Air Conditioning Fund (Jul) \$ _____

Black & Native American Missions (Aug) \$ _____

Catholic Review (Aug) \$ _____

Assumption of Mary (Aug) \$ _____

Sacrificial Giving (Sep) \$ _____

Catholic Schools (Oct) \$ _____

Catholic Review (Oct) \$ _____

Propagation of Faith/Mission Sunday (Oct) \$ _____

All Saints Day (Nov) \$ _____

All Souls Day (Nov) \$ _____

Archdiocese for Military Service (Nov) \$ _____

Seminarians (Nov) \$ _____

Catholic Campaign for Human Development (Nov) \$ _____

Thanksgiving (Nov) \$ _____

Christmas Flowers (Nov) \$ _____

Immaculate Conception (Dec) \$ _____

Retired Religious Fund (Dec) \$ _____

CHRISTMAS (Dec) \$ _____

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Catholic Review (Jan) \$ _____

Appalachia Outreach Work Camp (Jan) \$ _____

Lenten Mission (Feb) \$ _____

Special Heating Fund (Feb) \$ _____

Catholic Review (Feb) \$ _____

Ash Wednesday -- Eastern Europe (Mar) \$ _____

Ash Wednesday -- Church Offering (Mar) \$ _____

Easter Flowers (Mar) \$ _____

Catholic Relief Services (include Latin America) (Mar) \$ _____

Holy Thursday (Apr) \$ _____

Good Friday -- Holy Land Shrines (Apr) \$ _____

Good Friday -- Church Offering (Apr) \$ _____

EASTER (Apr) \$ _____

Cemetery Care (Apr) \$ _____

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Thanksgiving (Nov) \$ _____

Christmas Flowers (Dec) \$ _____

Immaculate Conception -- Holy Day (Dec) \$ _____

Retired Religious Fund (Dec) \$ _____

CHRISTMAS (Dec) \$ _____

Those Those who are interested in EFT contribution, please complete the Authorization Agreement below and submit to the Business Office.

Frequently Asked Questions About Electronic Fund Transfer (EFT)

1. What is EFT?
EFT is automatic payment. Your payment for your Church contribution is deducted automatically from your checking or savings account.
2. How can money be transferred from my account?
Only you can authorize EFT. Your written authorization is required.
3. When is the EFT transferred from my account?
Once a month on or just after the 5th day of each month.
4. How do I sign up for EFT?
Complete and sign the authorization form below and return it, along with a **voided check** or, **savings account deposit slip** to St. Ignatius Business Office, 533 E. Jarrettsville Rd, Forest Hill, MD 21050.

St. Ignatius Church
YES! I'd like to sign up for Electronic Fund Transfer

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

(we) hereby authorize ST. IGNATIUS CHURCH, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of the U.S. law.

EFT transactions will be made on or just after the 5th day of each month according to the attached contribution listing.

Depository

Name _____ Branch _____
City _____ State _____ Zip code _____

Routing Number (shown on check or deposit slip) _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that my financial institution may charge my account a \$ fee for any insufficient funds (NSF) transactions.

Name(s) _____ Env.# _____ Phone# _____
(Please Print)

Date _____ Authorized Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Check here if you **do not** wish to receive envelopes

**PLEASE ATTACH VOIDED CHECK WITH ACCOUNT NUMBER
OR SAVINGS DEPOSIT SLIP**