



St. Boniface Catholic Church  
 1820 North B Street  
 Fort Smith, AR 72901  
 479-783-6711

## ACH Recurring Payment Authorization Form

We are glad to be able to offer you a recurring payment auto-contribution stewardship program. A way of contributing toward sustaining the work of God at St. Boniface Catholic Church.

With participation, your bank will transfer your gift conveniently each week or month from your checking or savings account directly to St. Boniface Catholic Church. Your gift will go further because:

- Our income will be more predictable, allowing us to make solid commitments to new projects and current obligations.
- Our administrative cost will be reduced.
- You may make your contributions even when you are on vacation, ill, or otherwise unable to attend service.

As a participant of the program, you are still free to make additional gifts as the Spirit provides. Your bank statement will show the deduction and you only need to make the entry to your account. A statement of your contributions will still be provided to you at the end of the year for tax purposes.

### **How to join...**

Use this enrollment form to indicate the amount and frequency at which you wish to contribute from your account.

- ◆ Print your name and all information.
- ◆ Sign and date this enrollment form.
- ◆ Attach a voided check from your account.
- ◆ Return this form to the church office with voided check. Or drop it off in the offertory. It's that simple!

#### **Stewardship**

Weekly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

#### **Rooted in Faith Campaign**

Weekly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

#### **Building/ Improvement Fund**

Weekly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

#### **Tuition Assistance**

Weekly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

#### **Endowment Fund**

Weekly \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_

\*Deductions will occur each Friday for weekly contributions. Monthly deductions will occur on the 1st Monday of each month.  Please check if you wish to discontinue the monthly envelope service.

Please Print

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Financial Institution \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ This is a:  Checking  Savings Account

Please return this form with voided check to Church Office or in offertory.

*I hereby authorize St. Boniface Catholic Church to initiate electronic deductions from my account to support my contributions as shown above in the amount indicated. I retain the right to alter the amount or cancel this agreement at any time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please allow at least two weeks for processing.*

<b>For Office Use Only</b>	
<b>Routing Number</b>	_____
<b>Transit Number</b>	_____