

Ss. Cyril & Methodius
Electronic/Automatic Offering Plan

***Form must be received 7 days before effective date
 & include a voided check or deposit slip.**

(IMPORTANT-Please verify ALL information with your financial institution(s) before completing this form.)

New Change/Update Cancellation

Name: _____ Envelope # _____ Receive Envelopes: Yes or No

I (We) would like to have our offertory transferred in from:

Financial Institution Name:		Account #:	Type of Account: (check one) <input type="checkbox"/> Savings / <input type="checkbox"/> Checking	Routing & Transit/ABA#:
Home Address		City	ST	ZIP
Home Phone (please include area code): ()		Work Phone/Cell Phone: ()	Transfer START* Date (MUST be a Business Day):	
Transfer Expiration Date, if any:	Dollar Amount: \$	Frequency (check one): (ex. 1st, 15th, 30th) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly, indicate date: _____		

FOR DEPOSIT INTO Ss. Cyril & Methodius's CHECKING ACCOUNT.

Authorization for Pre-Authorized Fixed Withdrawals or Deposits

I (we) hereby authorize Ss. Cyril & Methodius's financial institution, Alliance Catholic Credit Union, to send or receive money on my (our) behalf to the account and financial institution named below. Such transactions will be authorized by this agreement and will be changed only by my written request. I (we) agree that I (we) assume all risk for any incorrect or insufficient information provided on this form. I (we) authorize all entries to adjust or correct errors. I (we) agree that these transactions and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will continue in effect until written cancellation is provided to my parish and in such a manner as to allow a reasonable opportunity to act on it. I (we) acknowledge receipt of a completed copy of this authorization. I (we) acknowledge that Ss. Cyril & Methodius Slovak Catholic Church may cancel this request at any time due to their own discretion and/or three or more insufficient funds attempts.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please include a voided check or deposit slip.

Please return completed forms to Ss. Cyril & Methodius, Atten: Suzanne

Ss. Cyril & Methodius Slovak Catholic Church
 41233 Ryan Road, Sterling Heights, MI 48314
 586-726-6911, ext. 104 Suzanne Navarre

FOR YOUR PROTECTION DO NOT FAX OR EMAIL.