

St. Timothy Stewardship Form

“GIVE TO THE MOST HIGH AS HE HAS GIVEN TO YOU, GENEROUSLY, ACCORDING TO YOU MEANS, FOR THE LORD IS ONE WHO ALWAYS REPAYS, AND HE WILL GIVE BACK TO YOU SEVENFOLD.” – Sirach 35: 9-10

As stewards of treasure, our giving is not an after-thought; it’s a way of life. Here are some methods of giving that may fit more conveniently into your financial life. **Please return this form to the parish office or collection basket at Mass.**

Contact Information:

Name _____ Envelope ID _____

Address _____ City/State/Zip _____

Primary Phone _____ Email _____

Automatic Credit Card Donation

I hereby authorize St. Timothy Parish to automatically charge my credit card:

My annual commitment \$ _____ _____ Visa _____ American Express

In monthly installments of \$ _____

_____ Mastercard _____ Discover

In quarterly installments of \$ _____

Card # _____

Annual installment in _____ (month)

Expiration Date ____/____

Extra Christmas contribution \$ _____

Start Date _____

Extra Easter contribution \$ _____

Withdraw on which day of the month?

_____ 5th _____ 15th

Signature _____ Zip Code _____

Automatic Bank Draft *

My annual commitment \$ _____

*** Please complete the Authorization Agreement for Preauthorized Payments on the back of this page.**

Please prayerfully review the amount that you give to the parish offertory.

THANK YOU for your gift of treasure!

Central Bank & Trust Co.

Authorization Agreement for Preauthorized Payments

I (We) hereby authorize Central Bank & Trust Co. to initiate debit entries to my (our) account indicated below and the depository (Financial Institution) named below and to debit the same to such account on a monthly basis. The date of month for debit entries is set out below. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law.

Type of Authorization: New Authorization Change Banking Information
 Change Donation Amount Discontinue Automatic Debit
 Change Donation Date

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing/Transit # _____ **Account #** _____

Type of Account: _____ Checking _____ Savings

Monthly Amount: \$ _____ **Start Date:** _____

Recurring Date Each Month for Debit Entry: 5th 15th 25th

This authority is to remain in full force and effect until Central Bank & Trust Co. has received written notification from me (or either of us) of its termination. Please allow **10** banking days for this notification to be terminated.

Print Name

Print Name

Sign Name

Sign Name

Date _____

Date _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM