

St. Matthew Catholic Church
2017 STEWARDSHIP OF FINANCIAL RESOURCES

In prayerful thanksgiving for the many blessings bestowed upon me/us, I/we hereby state my/our intent to contribute to the support of St. Matthew Parish as follows for the 2017, assuming my/our health and personal affairs permit:

Envelope #: _____
 Name: _____
 Street Address: _____
 City State, Zip: _____

\$

Please circle one:
 Weekly
 Monthly
 Yearly

Preferred method of payment (Please check one):

- I/We no longer attend St. Matthew Parish and would like to be removed from the parish records.
- Envelope
 Automatic Bank Withdrawal
 Bill Pay (parishioner initiated)
 Direct Check from Retirement Funds

*SIGNATURE _____ DATE _____ EMAIL _____

It is understood that I am/we are the sole judge of the above conditions and at any time that I/we find any of them unfavorable, I/we will make the necessary changes by simply notifying the Parish Office.
 *My signature on the above line also applies to the Automatic Bank Withdrawal Agreement if I so authorize the parish to handle my contributions in that manner.

- I would like to receive additional information on Planned giving (examples: estate bequest, life insurance beneficiary, charitable gift annuity, or beneficiary designation of 401(k) or IRA)

**OPTIONAL AUTOMATIC BANK WITHDRAWAL AGREEMENT
 ST. MATTHEW CATHOLIC CHURCH**

I/We hereby authorize St. Matthew Parish to initiate debit entries to my/our () **checking** () **savings** account indicated below at the financial institution named below. Debits will be made as indicated below.

STEWARDSHIP SUPPORT (Mark one method)

- Weekly:** (weekly contributions are withdrawn on Monday)
- Bi-Monthly** (circle two): 3rd 10th 17th 24th Last day
- Monthly** (circle one): 3rd 10th 17th 24th Last day

- New Automatic Bank Withdrawal Agreement

Continue my/our current Automatic Bank Withdrawal Agreement using the information already on file with the parish

Make the following changes to my/our existing agreement

Discontinue my/our Automatic Bank Withdrawal Agreement

OTHER DONATIONS to be paid through Automatic Withdrawal

					<u>Withdrawal Date (circle one)</u>			
Education Assistance	\$ _____	Monthly Amount	3rd		10th	17th	24th	Last Day
Feeding the Hungry	\$ _____	Monthly Amount	3rd		10th	17th	24th	Last Day

Financial Institution/Bank Information:

Name _____ City _____ Zip _____
 Bank Routing # _____ Account # _____

This authorization is to remain in full force and effect until St. Matthew has received written notification from me/us of its termination in such time and in such manner as to afford St. Matthew and the financial institution a reasonable opportunity to act on it.

