



St. Justin Martyr Parish Family

35781 Stevens Blvd. Eastlake, Ohio 44095
440-946-1177 fax 440-946-9126 www.stjustin.net

ELECTRONIC FUNDS STEWARDSHIP DEBIT AUTHORIZATION

Dear Parishioner,

You now have the opportunity to have your weekly church support done monthly electronically, direct from your bank to ours. We will do this draw monthly and apply funds as you indicate below. For those of you who opt for this service, we hope you find it convenient, easy, and a way to keep track of your donations. Follow the instructions below, filling in the necessary information, and advising the application of funds. Return this form in a sealed envelope to the Parish Business Office either in person, through the collection, or mail. Also note that, as this program only covers *weekly* church support. Continue to use the other Holy Day and special collection envelopes with regular cash or check donations. Call the Office if you have any questions. Thank you.

ACCEPT, O LORD, MY OFFERING TODAY

\$ _____ MONTHLY CHURCH SUPPORT

***Please note: the debit will be done on the first Wednesday or Thursday of each month.
Continue to use holyday and special collection envelopes with cash or check donations.

FOR EXAMPLE: Amount to be debited (deducted) monthly. To calculate monthly figure, multiply your weekly donation amount by 4.5. If you donate \$15 per week, multiply the \$15 by 4.5, which equals \$67.50. That would be your monthly debit.

MY STEWARDSHIP COMMITMENT

I (We) hereby authorize St. Justin Martyr Church, to initiate a monthly debit entry to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Church Stewardship. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____		Branch _____	
Address _____	City/State _____	Zip _____	Phone _____
Banking Routing Number _____	Account Number _____	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority is to remain in full force and effect until St. Justin Martyr Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Justin Martyr Church and Financial Institution a reasonable opportunity to act on it.

Name on Account _____		Address _____	
City _____	State _____	Zip _____	Telephone _____
Signature(s) _____		Date _____	Church Envelope Number _____

I have attached a copy of voided check to this form.

Notes:

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. Single entry reversals do not require Authorization of the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is not longer stated in the Authorization. The underlined language in the Authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.