Our Mother of Sorrows/St. Peter the Apostle Parish



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OUR MOTHER OF SORROWS/ST. PETER THE APOSTLE ROMAN CATHOLIC CHURCH

Monthly Offering for Weekly Collections
AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENTS (ACH-DEBITS)

- 1. Please fill out this form and Attach a voided check.
- 2. Indicate the amount of your contribution.
 - This will be your weekly amount times four weeks for a one time transaction.
 - This one amount will cover all weekend masses in that month.
 - You will receive Parish donation credit by your envelope number we have on file
 - ➤ Please contact the office if you are not currently receiving envelopes
 - You will still be able to make a check or cash donations for Holy Days and 2nd collections such as Building & Maintenance.
 - The church automatically deducts your indicated amount on the 15th of each month.
 - We provide Year-End statements for all ACHs, envelope offerings, loose checks, and cash donations that are identified by parishioner name/envelope number.
- 3. Return the form below by mail or drop in the collection box or at the office.

month (or the next business day if the 15th falls on a weekend or Holiday)

,	ons in the amount of \$ <mark>A MONTH</mark> from my:
Please check one:	
Checking account:	Savings Account:
You must attach a voided check if a checking	gaccount is selected.
Complete the information required below incidebit the same to such account.	cluding the Financial Institute, hereinafter called Depository, to
Depository Bank:	Branch:
Transit/ABA Routing#:	Amount:
Exact Name (s) on the Account:	Account #:
L This authority is to remain in full force and eff	fect until COMPANY has received written verification from me o
its terminate in such time and in such manner	r as to afford COMPANY a reasonable opportunity to act on it.
Date:	
Print Name:	
Direct Dehit Payment will be automatically o	deducted from your referenced account on The 15 th of each