



# St. Barnabas Parish Family

## 50th Jubilee 1956 - 2006

9451 Brandywine Road Northfield, Ohio 44067  
 330-467-7959 fax 330-467-6424 www.stbarnabasfamily.org

### ELECTRONIC FUNDS STEWARDSHIP DEBIT AUTHORIZATION

Dear Parishioner,

You now have the opportunity to have your weekly church support and debt reduction 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 Rectory Business Office either in person, through the collection, or mail. Also note that, as this program only covers *weekly* church support and *debt reduction*, continue to use the other Holy Day and special collection envelopes with regular cash or check donations. Call the Rectory if any questions. Thank you.

#### MY STEWARDSHIP COMMITMENT

I (We) hereby authorize St. Barnabas 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 _____
		Telephone _____	
Bank Routing Number _____	Your 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. Barnabas Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Barnabas Church and Financial Institution a reasonable opportunity to act on it.

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

#### “ACCEPT, O LORD, MY OFFERING TODAY”

\$ \_\_\_\_\_ CHURCH SUPPORT

Amount to be debited (deducted) monthly. To calculate monthly figure, multiply your weekly donation amount by 4.35. Example, if you donate \$10 per week, multiply the \$10 by 4.35, which equals \$43.50. That would be your monthly debit.

#### “BUILDING THE FUTURE OF OUR FAMILY”

\$ \_\_\_\_\_ DEBT REDUCTION

Amount to be debited (deducted) monthly. This is the Pink envelope, debt reduction, the continuation of NCC for our parish construction debt. This was always done monthly.

\*\*\*PLEASE NOTE: THE DEBIT WILL BE DONE ON THE FIRST Tues or Wed. OF EACH MONTH.\*\*\*  
 \*\*\*ATTACH A COPY OF VOIDED CHECK OR DEPOSIT TICKET TO THIS FORM.\*\*\*  
 \*\*\* CONTINUE TO USE HOLYDAY AND SPECIAL COLLECTION ENVELOPES  
 WITH CASH OR CHECK DONATIONS.\*\*\*

#### 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 no 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.