

Dear Parishioners,

We as a parish have been blessed by the Lord in so many ways. It begins with our Eucharistic celebration and extends to our community of faith.

Finances are obviously very important to support our ministry, and we appreciate the generous support we receive from our parishioners. As Catholics, we recognize that all we have – our time, our talents, our resources, even our very lives – are gifts from God. We are called to be good stewards of all these gifts, investing them wisely and generously for the sake of God’s Kingdom. We know that our Lord’s promise is to “Seek first His kingdom and His righteousness, and all these things shall be yours as well.”

To help make it more convenient for you to financially support the parish, we have added an electronic payment option. The electronic payment option will be available for both the Sunday Offertory and donations to the Outreach Office. This offers you the opportunity to make automatic financial contributions from your credit card or bank account to our parish. Electronic banking costs you nothing and provides many advantages to both you and your parish:

**Your Benefits**

- ✦ Makes giving more convenient— contribute directly from your checking, savings, MasterCard, or Visa.
- ✦ Eliminates the need to write checks and keep track of envelopes.
- ✦ Change your contribution amount or schedule at any time.
- ✦ Is secure and free.

**Parish Benefits**

- ✦ Saves hours of administrative time spent processing payments.
- ✦ Stabilizes the parish budget with your scheduled contributions.
- ✦ Reduces the expense of envelopes and associated postage costs.
- ✦ Promotes the parish mission through additional resources and staff time.

If you would like to take advantage of this new time-saving opportunity, please use the *Payment Authorization Form* on the reverse side of this letter to provide your account information and choose a contribution schedule. You specify the contribution amount, how often you would like to contribute, and the specific date when funds will be transferred from your account. Return your completed form to the parish office or drop it in the collection basket. You will receive an email confirmation once your payment schedule has been set up. Unfortunately we will not be able to support the Second Collections electronically so you will receive a quarterly packet of Second Collection envelopes. If you have any questions about this program please feel free to contact Sue Pershon in the Parish Office at 269-2226, ext 124 or via email at [Sue.Pershon@StChrisSJ.org](mailto:Sue.Pershon@StChrisSJ.org).

We thank you for your generous and continued support of St. Christopher’s as we work in service to Christ and our community.

May the Peace of Christ be with You,

**Msgr. James Walsh**

**ST. CHRISTOPHER'S CHURCH  
PAYMENT AUTHORIZATION FORM**

|   |                          |
|---|--------------------------|
| Email Address   |                          |
| Name on account (Print)   | Account Holder's Phone # |
| Address   |                          |
| City, State, and Zip  |                          |
| I authorize the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> New Payment from Account Specified Below<br/><i>(Choose either bank or credit card. One account only, please.)</i></li> <li><input type="checkbox"/> Change Indicated Below</li> <li><input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.</li> </ul> |                          |

| Account Information   |  |  |
|---|--|--|
| <i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>   |  |  |
| Bank Account Information  | Credit Card Information  |  |
| Bank Name   | Credit Card Type<br><input type="checkbox"/> Mastercard<br><input type="checkbox"/> Visa | Security Verification Number:<br><br>_____         |
| Account Type<br><input type="checkbox"/> Checking <i>(please attach voided check)</i><br><input type="checkbox"/> Savings <i>(please attach deposit slip)</i> |  | (3 digit number, usually on the back of your card) |
| Routing Number  | Credit Card #  |  |
| Account Number  | Credit Card Expiration Date  |  |
| Authorization Effective Date     /     /  | Authorization Effective Date     /     /   |  |

| Contribution Schedule |   |        |                    |  |  |
|-----------------------|---|--------|--------------------|--|--|
| Fund Type             | Payment Schedule  | Amount | Payment Start Date | Collection Date<br><i>(Choose date for withdrawal from your account)</i>           | Down Payment<br><i>(if applicable)</i> |
| Sunday Offering       | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | \$     |                    | <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> | \$                                     |
| Outreach Office       | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | \$     |                    | <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> | \$                                     |
|                       |   |        |                    |  |  |
|                       |   |        |                    |  |  |

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a **\$10.00** nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please attach your voided check or savings deposit slip.*