



- Complete this paper form and submit it to the Parish Office with the required documentation.
- For questions, contact Cathy Burgess at 616-724-3131 or cburgess@stjohnvianney.net.

Donation for:

- | | |
|---|--|
| <input type="checkbox"/> Sunday Offertory/Tithing | <input type="checkbox"/> Maintenance Fund |
| <input type="checkbox"/> SJV Foundation | <input type="checkbox"/> School General Donation |

Member Authorization - Effective Date: ____/____/____

- | | |
|---|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change Financial Institution Account |
| <input type="checkbox"/> Change Contribution Amount | <input type="checkbox"/> Discontinue Electronic Contribution as of |
| <input type="checkbox"/> Change Contribution Date | ____/____/____ |

Contribution Amount and Frequency

1. How frequently would you like to contribute? Select one.

- | | |
|--|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Quarterly on the 5th |
| <input type="checkbox"/> Twice a month on the 5th & 20th | <input type="checkbox"/> Quarterly on the 20th |
| <input type="checkbox"/> Once a month on the 5th | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Once a month on the 20th | |

2. How much would you like to contribute each time? \$ _____

Account Information

Name on Account (please print): _____

Offertory Envelope # _____

Please accept my contribution from my:

- Checking Account** - Please attach a voided check.
- Routing #: _____
- Account #: _____
- Savings Account** - Please attach a savings deposit slip.

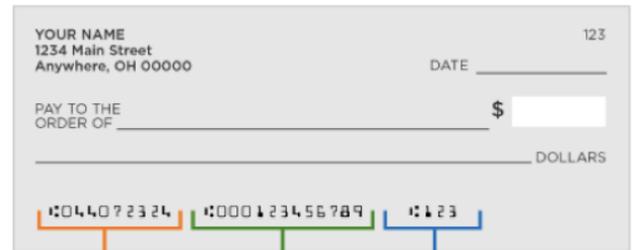


Image from Zif Money
<https://zifmoney.com/how-to-identify-your-check-routing-number-and-make-electronic-money-transfers-securely/>

Authorization

I authorize St. John Vianney Parish to process debit entries from my account as indicated above until I provide written notification to terminate.

Authorized Signature: _____ Date: ____/____/____

Phone: _____ Email: _____

PARISH OFFICE USE ONLY

Offertory envelope # _____

Date received: ____/____/____ Date enrolled: ____/____/____ initials _____