RETURN THIS FORM TO THE PARISH OFFICE

**SS. COSMAS & DAMIAN PARISH**

**ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM**

Please fill out the simple 5-step form and return it to the Parish Office by way of the collection basket or mail. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

1. BLUE SECTION FOR WEEKLY OFFERTORY 2. GREEN SECTION FOR CAPITAL CAMPAIGN
2. **WEEKLY OFFERTORY** – I/We have been blessed abundantly with gifts from God. With gratitude, I/we wish to offer our prayers of thanksgiving, talents and resources to God and want to enroll in this safe program to make a regular contribution to SS. Cosmas & Damian Parish.

( ) CHANGE amount ( ) DELETE amount ( ) CANCEL ENROLLMENT

I/We wish to commit to give $\_\_\_\_\_\_\_\_\_\_\_\_ ( ) WEEKLY (each Friday)

( ) BI-WEEKLY (every two weeks – 26 payments) ( ) MONTHLY (the 30th of the month)

or ( ) MONTHLY (the Monday after the 15th of the month) to the SS. Cosmas & Damian Weekly Offertory Collection to assist with the operating expenses of the parish.

1. **CAPTITAL CAMPAIGN** – I/We want to enroll in this special program to help with mortgage reduction and special projects at SS Cosmas & Damian Parish.

I/We wish to pledge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I/We wish to commit to give $\_\_\_\_\_\_\_\_\_\_\_\_ ( ) BEGINNING OF THE MONTH or

( ) MIDDLE OF THE MONTH

1. **PERSONAL INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Envelope Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_

Zip\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **AUTHORIZATION** – I authorize SS. Cosmas & Damian Parish, 10419 Ravenna Rd., Twinsburg, OH 44087 to automatically withdraw my pledge offering from

**BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE INCLUDE A VOIDED CHECK CLEARLY MARKED AS CHECKING OR SAVING** **TO PROVIDE THE NECESSARY ROUTING NUMBER.** This authority will remain in effect until I notify SS. Cosmas & Damian, in writing, to cancel.

1. **SIGNATURE - (MUST BE ONE OF THE AUTHORIZED SIGNERS ON ACCOUNT)**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_