

# Electronic Giving at St. Damien Parish

Electronic Giving offers parishioners a unique opportunity to support St. Damien Parish and simplify the giving process. Envelopes have long been the preferred method for regular giving, but this approach has always required parishioners to remember to write the check, and bring the envelope to church. And worse, remembering to do the math to catch up if we are away for a few weeks or are sick and miss mass here at St. Damien's.

St Damien Parish has partnered with our financial institution OceanFirst Bank to offer Electronic Giving. You can sign up to have a specific amount automatically debited from a checking or savings account that you designate. Just fill out the form and attach a cancelled check, if you are using a checking account, and then drop the form off or mail it to the Parish Office. It takes about 2 weeks to setup and the rest is automatic.

Electronic Giving is here! A new way to give, and a great way to support your Parish.

## *ACH Debit Authorization Agreement for St. Damien Parish*

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Parish Name **St. Damien Parish** (herein referred to as "Parish")

Address **1337 Asbury Avenue, Ocean City, NJ 08226**

I (we) hereby authorize "Parish" to initiate debit entries to my (our)

\_\_\_\_\_ Checking Account

*Account holder is required to verify bank account data and attach a voided check here.*

\_\_\_\_\_ Savings Account (select one)

Please debit my (our) account weekly OR monthly (**PLEASE CIRCLE WEEKLY or MONTHLY**) for:

\_\_\_\_\_ Donation Amount

Indicated below at the depository financial named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository \_\_\_\_\_

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until "Parish" has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Parish and Depository a reasonable opportunity to act on it.

Depositor Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: 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.