

**SAINT LUKE'S PARISH
132 LEXINGTON STREET
BELMONT, MA 02478
617-484-1996**

WEEKLY OFFERTORY ELECTRONIC PAYMENT AUTHORIZATION FORM

Church, School, or Diocese Name: Saint Luke's Parish	
Name on account (Print)	Account Holder's Phone #
Street Address	Email Address
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Account Information and Contribution Schedule		
Bank Account Information	Weekly Offertory Contribution And Schedule	
Bank Name	Payment Start Date: / /	Collection Date (<i>Choose date for MONTHLY withdrawal from your account</i>): <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th
Account Type <input type="checkbox"/> Checking (<i>please attach voided check</i>) <input type="checkbox"/> Savings (<i>please attach deposit slip</i>)		
Authorization Effective Date / /	Weekly Contribution Amount \$	

I authorize Saint Luke's Parish to debit monthly 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 \$30.00 non-sufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking account debits please attach a voided check. For savings account debits please attach a deposit slip.

Once you have completed the form please mail it to the address noted above, or place in an envelope and include it in the weekly collection basket. Thank you!

ANNUAL, SEMI-ANNUAL, AND QUARTERLY OFFERTORY CONTRIBUTIONS

As an alternative to electronic contributions, you may also make offertory contributions by check annually, semi-annually or quarterly. If you prefer this method, simply complete **ONLY** the name, phone, and address information above and check the appropriate boxes below. Quarterly contributions are due on January 2, April 1, July 1, and October 1. For Annual Contributions please designate one of the quarterly dates and for Semi-Annual Contributions please designate two of the quarterly dates.

Contribution Frequency and Date:

- | | |
|---|--------------|
| <input type="checkbox"/> Annual: Annual Amount \$ _____ | Date: _____ |
| <input type="checkbox"/> Semi-Annual: Semi-Annual Amount \$ _____ | Dates: _____ |
| <input type="checkbox"/> Quarterly: Quarterly Amount \$ _____ | |