



Church of the Holy Spirit

Catholic Church

8570 Vaughn Rd, Montgomery, AL 36117
(334) 277-5631 office@holy-spirit-church.com

Dear Parishioners and Friends,

SUBJECT: Automatic Contributions Transfer (ACT)

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 parish ministries. We appreciate your generous support. 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 support the parish financially, we have added an electronic payment option. This offers you the opportunity to make automatic financial contributions from your 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.
- ✦ Eliminates the need to write checks and keep track of envelopes.
- ✦ Change your contribution amount or schedule at any time.
- ✦ Is secure and free. All data is secured on Regions Bank systems.

Parish Benefits

- ✦ 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.
- ✦ Potentially saves administrative time spent processing payments.

If you would like to take advantage of this new time-saving opportunity, please use the *Church of the Holy Spirit Church Offering Payment Authorization Form* enclosed to provide your account information and choose a contribution schedule. You specify 1. the contribution amount, 2. how often you would like to contribute, and 3. the specific date when funds will be transferred from your account. Please return your completed form to the parish office **within the next two weeks** or drop it in the collection basket. As always, please contact us if you have any questions. Note: This simply another option. Use it only if you wish.

We thank you for your generous and continued support of Church of the Holy Spirit as we work in service to Christ and our community.

May the Peace of Christ be with You,



Fr. Charles Troncale, Pastor

Enclosure

CHURCH OF THE HOLY SPIRIT
AUTOMATIC CONTRIBUTIONS TRANSFER (ACT) AUTHORIZATION FORM

Name on Account: (Please Print)	Account Holder's Phone #:	Parish Envelope #:
Street Address:	City, State, and Zip:	
Email Address: (Please print clearly)		
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account Specified Below.		
BANK ACCOUNT INFORMATION		
Bank Name:		
Account Type: <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>		
9 Digit Routing Number:	Account Number:	
Authorization Effective Date: / /		

Fund	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose one date for a Once Monthly withdrawal from your account, Twice Monthly will be both dates below)</i>
<i>Sunday Offering</i>	<input type="checkbox"/> Once Monthly On the 5 th <u>or</u> the 20 th <input type="checkbox"/> Twice Monthly On the 5 th <u>and</u> the 20 th	\$	/ /	<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th

SPECIAL COLLECTIONS						
Below, please enter an amount, if any, you would like debited from your account for these Special Collections:						
Collection Name	Mon	Amt	Collection Name	Mon	Amt	
Propagation of the Faith	Oct	\$	Holy Land	Apr	\$	
Campaign for Human Development	Nov	\$	Seminarians	May	\$	
Retired Religious	Dec	\$	Catholic Communications	May	\$	
Black and Indian Missions	Mar	\$	Holy Father's (Peter's Pence)	Jun	\$	
Catholic Relief Services	Mar	\$	Missionary Co-Op	Jul	\$	
Aid to the Church in Central and Eastern Europe	Apr	\$	Latin America	Aug	\$	
"Catholic Week" Archdiocesan Newspaper	Apr	\$				

I authorize the **Church of the Holy Spirit** to debit the amounts indicated above from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization by postal mail or email to: Church of the Holy Spirit, Bookkeeper, 8570 Vaughn Rd., Montgomery, AL 36117, Email: bookkeeper@holy-spirit-church.com.

Authorized Account Signature: X _____ Date: _____

Please attach your voided check or savings deposit slip.