



Holy Redeemer Parish

ELECTRONIC PAYMENTS OFFERTORY CONTRIBUTIONS

Select Payment amount and Date:

Bimonthly

	15 th		30 th		Both
Sunday	\$_____	OR	\$_____	OR	\$_____
Building	\$_____	OR	\$_____	OR	\$_____

Weekly

Sunday \$ _____ Building Fund \$ _____

_____ A new request

_____ An adjustment to an existing deduction

Automatic Debit:

Please make my deduction from the following account:

Checking Account Number _____

Savings Account Number _____

Bank/Credit Union Name _____

Bank Routing Number _____

A PHOTOCOPY OR PICTURE OF YOUR VOIDED CHECK MUST BE ATTACHED.

Automatic Payment Enrollment

Name _____

Address _____

City _____ State _____ Zip _____

ENVELOPE NUMBER: _____ <<<<<<<<<<<<<<<<

I authorize Holy Redeemer Parish to receive the payments listed above and if necessary, make corrections for any errors pertaining to the depositories or accounts listed. I understand that I control my payments and can change or discontinue this payment service with written notification to the Business Manager at the Parish.

Signature _____ Date _____