

AUTOMATED GIVING AUTHORIZATION FORM

Holy Spirit's Automated Giving Program offers an alternative to writing checks and using weekly envelopes, and provides an opportunity to keep Holy Spirit a priority when it comes to sharing your financial gifts. Please consider joining our Automated Giving Program by completing the form below and returning it to the parish office or placing it in the Sunday Collection.

NAME
ADDRESS
EMAIL
PHONE

CATHOLIC TITHING GUIDELINES

5%	4%	1%
YOUR	OTHER	CALL
PARISH	CHARITIES	TO SHARE

CURRENT AVERAGE HOLY SPIRIT TITHE IS ONLY 1.5%

Suggested Tithing Amount

GROSS ANNUAL INCOME	\$30,000	\$40,000	\$50,000	\$75,000	\$100,000	\$150,000
5%	\$1,500	\$2,000	\$2,500	\$3,750	\$5,000	\$7,500
MONTHLY	\$125	\$167	\$208	\$313	\$417	\$625

NEW ENROLLMENT (PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM)

Envelope #	<input type="checkbox"/> 10 th of Month <input type="checkbox"/> 20 th of Month	Bank Name: TRANSIT/ABA NUMBER: (First set of numbers on check)
\$ Amount	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT NUMBER: (Second Set of numbers on check)

I, _____ hereby authorize Holy Spirit Catholic Parish to withdraw funds from my account beginning ____/____/20____. This authorization is to remain intact until Holy Spirit Catholic Parish receives written authorization from me otherwise.

SIGNATURE	DATE
-----------	------

CURRENT ENROLLMENT

Envelope #	<input type="checkbox"/> 10 th of Month <input type="checkbox"/> 20 th of Month	I am currently enrolled in the automatic withdraw program, and hereby authorize Holy Spirit Catholic Church to increase my giving to the new amount on ____/____/20____.
New \$ Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

SIGNATURE	DATE
-----------	------