



# Holy Trinity Parish

11928 Marken Rd. • Kiel, WI 53042 • Phone: 920-773-2380

Holy Trinity Parishioner:

Thank you for your interest in using Automated Clearing House (ACH) electronic transfers for contribution offerings. There will be one (1) to two (2) ACH electronic transfers from your account per month. These ACH transfers will be for stewardship and Green Sunday offerings. Stewardship offerings will be drawn from your account on the 15<sup>th</sup> of the month and Green Sunday offerings will be drawn from your account on the 28<sup>th</sup> of the month.

Envelopes will be provided for Second Collections that are through the Diocese of Green Bay. If you would like your offerings recorded for Holy Days and Easter/Christmas Flower offerings your family will need to provide an envelope.

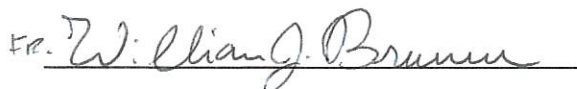
Please complete and return the attached "AUTHORIZATION FORM FOR SERVICES PROVIDED" and return to Holy Trinity Parish, School Hill parish office by the first of the month.

For all future offering amount changes please resubmit "AUTHORIZATION FORM FOR SERVICES PROVIDED" to the parish office.

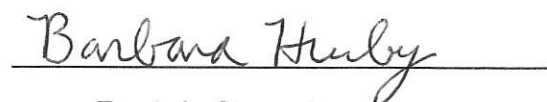
To discontinue Automated Clearing House (ACH) electronic transfers please notify Holy Trinity Parish, School Hill in writing.

Holy Trinity Parish, School Hill does not have set dues for membership. Please prayerfully ask God for guidance and to give as your conscience tells you. Conscience offerings are your response to giving back to God, in thanksgiving, for what He has given and done for you. There is no set due date for giving to the Church. If your family requires a listing of contributions for tax purposes, these offerings are needed to be sent to the parish office by December 31 of the current year, to be recorded for that calendar tax year.

Yours in Christ,



Pastor



Parish Secretary



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## AUTHORIZATION FORM FOR SERVICES PROVIDED

I hereby authorize Holy Trinity Parish, School Hill (the "Company") to initiate entries from my checking/savings account at the financial institution listed below (the "Financial Institution"), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until the Company, is notified by me (us) in writing to cancel it in such time as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

### From Account:

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(Name(s) on account-PLEASE PRINT)

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(Name of Financial Institution-PLEASE PRINT)

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(Financial Institution Address-PLEASE PRINT)

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(\*\*Financial Institution Routing Number)

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(\*\*Checking Account Number)

OR

(\*\*Savings Account Number)

\*\* Please **include** a copy of a voided check or deposit slip.\*\*

### Amount:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### To Be Transferred:

15<sup>th</sup> of the Month for Stewardship

28<sup>th</sup> of the Month for Green Sunday

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(Signature)

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(Date)

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(Signature)

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(Date)