## PLACING GOD FIRST

## ST. RITA PARISH AUTOMATIC OFFERTORY ENROLLMENT

Thank you for choosing to share a portion of your blessings in support of your parish family. Please complete the requested information so that we can enroll you in the parish's automatic offertory contribution process. Should you have any questions, please call 502-969-4579 (St. Rita Church)

PARISHIONER INFORMATION (AS IT APPEARS ON YOUR BA	NK ACCOUNT)
NAME:	
STREET:	
CITY/STATE/ZIP:	
DAYTIME PHONE NUMBER ( )	
EMAIL (OPTIONAL)	
OFFERING GIFT	
Monthly Gift: \$ to be transferred during the	ne 2 <sup>nd</sup> full week of each month.
NOTE: Gift transfers will begin in the month following receparish receives written notification amending these instruadvance notice when amending your gift instructions. Whe holiday, the transfer will occur the next official banking da	ctions. Please provide at least 10 days Ien a transfer date falls on a weekend or
BANK ACCOUNT (Please indicate the bank account you wis	sh to use for your gift)
Checking Account. Please attach a voided check with this form.	
Savings Account. Please attach a savings de	posit slip with this form.
NAME OF BANK:	
BANK ROUTING #AC	COUNT #
I authorize St. Rita Church to arrange for the transfer of mindicated above from my designated account to the parish will remain in effect until I provide written notification to timely manner described above.	n's account. I understand this authorization
SIGNATURE	DATE: / /