



FORGET YOUR ENVELOPE?



TIRED OF WRITING CHECKS EVERY

WEEK?

Here are your simple solutions for the future!

- Have your contribution automatically deducted from your checking or savings account.
Simply complete the form provided by OMOS/STP Parish and indicate the amount of your contribution. This will be your weekly amount times four weeks for a one time transaction. The Church will automatically deduct this amount on the 15th of each month and **you will receive Parish donation credit by your envelope number we have on file.** Return the form below by mail or drop in the collection basket or at the office! This one amount will cover all weekend masses in that month! You will still be able to make check or cash donations for Holy Days and 2nd collections. ****
- Add the church as one of your Online Banking transactions, or have your Employer deposit your contribution amount from your payroll into OMOS bank account directly from your payroll if you participate in employee Direct Debit.

**Reminder: New IRS Regulations require receipts for ALL gifts effective 01/2007. You must have a bank statement, written letter from the Charity, or other document. (We provide Year-End statements for all ACHs, envelope offerings, loose checks, and cash donations that are identified by parishioner name/envelope number).

******You will still continue to receive your monthly pre-printed envelopes** so you are able to make donations to special collections including Building & Maintenance Fund, Second Collections, Holy Days, etc. Please contact the office if you are not currently receiving envelopes. Call the Parish office at 410-758-0143 with any questions. **Please consider direct debit TODAY!** These suggestions can save you **and** the Parish money and time. Contributions given in this manner saves you per-check charges and postage for times when you are away and mail your offerings. Complete the form below and return to office.

OUR MOTHER OF SORROWS AND ST. PETER'S ROMAN CATHOLIC CHURCH

Monthly Offering for Weekly Collections

AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)

I hereby authorize Our Mother of Sorrows Roman Catholic Church, herein after called Company, to initiate debit transactions in the amount of \$ _____ from my:

Please Check One: *Checking Account _____ Savings Account _____

You must **attach a voided check** if a checking account is selected.

Complete the information required below including the Financial Institute, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Bank:	Branch:
Transit/ABA Routing#:	Amount:
Exact Name(s) on the Account:	Account #:

This authority is to remain in full force and effect until COMPANY has received written verification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Date _____

Print Name _____

Signature _____

Direct Debit Payment will be automatically deducted from your referenced account on **the 15th of each month** (or the next business day if the 15th falls on a weekend or Holiday)

