

St John XXIII Catholic Community

Online Donation Options

OPTION 1: To make a donation through your bank or credit union's bill pay feature, the following information needs to be provided:

1. The parish's name and address as shown below (no substitutions please).

St JOHN XXIII CATHOLIC COMMUNITY
4831 TRAMWAY RIDGE DR NE
ALBUQUERQUE, NM 87111

2. Your name and address as you provided it when you registered in the parish.
3. Your church ID number (envelope number) and a note with the designation of your funds. If you do not designate your funds, they will automatically be placed in the weekly offering. If you don't know your ID Number, please call the parish office.

OPTION 2: Automatic Withdrawal

Complete the form below, attach a voided check and mail it to the parish office or drop it in the Sunday collection in a sealed envelope with "ATTN:CLARA". Email is not a secure option, it is not a recommended. Alternatively, you can also make an appointment with the business manager: Clara Maestas at 323-2760. We will set up the account and verify the information with the bank, the bank requires six business days to process. Once we are given an OK, the direct payment activity will begin!

Please be sure to complete the form in its *entirety*. We will need your bank account number and bank routing number. Clearly indicate the fund(s) you wish to make donations to and note the amount for each fund, and how often you want to make a deposit.

Please be sure to provide a current phone/cell number and an email address. Please make sure to sign and date the form. Thank you!

**AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS (ACH DEBITS)
TO ST JOHN XXIII CATHOLIC COMMUNITY**

I (we) hereby authorize St John XXIII Catholic Community, hereinafter called **PARISH**, to initiate debit entries to my (our) ___ **Checking Account**/ ___ **Savings Account (select one)** indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY INFORMATION

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number: _____ Account Number: _____

PLEASE DESIGNATE DONATIONS

REGULAR SUNDAY DONATION

Amount: _____ Please indicate below how often you would like to have the funds withdrawn.

Every Week Monthly (please check one) → = ___ 1st wk ___ 2nd wk ___ 3rd wk ___ 4th wk

BUILDING FUND

Amount: _____ Please indicate below how often you would like to have the funds withdrawn.

Every Week Monthly = (please check one) → ___ 1st wk ___ 2nd wk ___ 3rd wk ___ 4th wk

ARCHDIOCESAN SPECIAL COLLECTIONS

Fund	Amount	Fund	Amount	Fund	Amount
Catholic Relief Services		*National Black / Indian Mission Office		Mission Sunday	
Rice Bowl		Peter's Pence		Human Development	
Good Friday Collection		Seminary Support		Retired Religious	

St John XXIII Charitable Fund "Love Your Neighbor"	March Amt.	June Amt.	Sept. Amt.	Dec. Amt.
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Adopt A Mission

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

**A portion of this collection is allocated to the Catholic Home Mission Office.*

This authorization is to remain in full force and effective until the PARISH has received a written notification, from me (or either of us) of its termination in such time and in such manner as to afford PARISH and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZATION (S)

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

Please provide a current phone number and/or E-mail address, for when we need to contact you.

Phone _____ E-mail _____

**WHEN CHECKING ACCOUNT IS USED, PLEASE ATTACH VOIDED CHECK
FOR SAVINGS ACCOUNT USE DEPOSIT SLIP, THANK YOU!**