

Dear Parishioners:

Our parish is blessed by the Lord in many ways. At the heart of our parish life is the Eucharistic Celebration, this is the source and the summit of all our activity. The ways we reach out to each other, to those in need, to proclaim the good news of Christ, the many activities of our parish are nourished and strengthened by the vibrant and reverential Liturgical Celebrations of Holy Family Parish.

Finances are a very important to support our ministry, and we appreciate the generous support we receive from our parishioners. As Catholics, we affirm that all we have – our time, our talents, our resources, even our very lives – are gifts from God. We are called to be good stewards of all these gifts, using them wisely and generously for the sake of the God's Kingdom.

To help make it more convenient for you to financially support Holy Family Parish, we are adding an electronic payment option. This will offer you the opportunity make automatic financial contributions from your bank account to your parish. Electronic banking costs you nothing and provides many advantages to both you and your parish.

**Your Benefits:**

- Makes giving more convenient
- Eliminates the need to write checks and keep track of envelopes
- You can change your contribution amount or schedule at any time.
- It is secure and free

**Parish Benefits:**

- Saves hours of administration time processing payments
- Stabilizes the parish budget with your scheduled contributions
- Reduces the expense of envelopes, postage and mailing costs
- Promotes the work of the parish through additional resources and staff time

If you would like to take advantage of this new time saving opportunity, please use the *Payment Authorization Form*, found on the reverse of this letter.

Thank you for your generous and continued support of Holy Family Parish, as we continue to strive to work in service to Christ and our community.

Sincerely in Christ

Rev. John W. Gentleman and  
The Parish Finance Council

**HOLY FAMILY PARISH      PAYMENT AUTHORIZATION FORM**

Church, School, or Diocese Name	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Do you wish to continue to receive envelopes    Y\_\_    N\_\_    Env. #\_\_\_\_\_

Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date      /      /	

Contribution Schedule					
Fund Type <i>(e.g., Sunday Offering, DSA Pledge, etc.)</i>	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose date for withdrawal from your account)</i>	Down Payment <i>(if applicable)</i>
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	\$

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$10 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please attach your voided check or savings deposit slip.*