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## Stewardship of Treasure

*The Finance Committee of St. Katharine Drexel suggests that **Stewardship of Treasure** is best provided through automated electronic payment on a monthly basis. A complimentary subscription to the Catholic Review (our Archdiocesan Newspaper) is provided to parishioners who use this option.*

I would like to provide **Stewardship of Treasure** through (please choose one):

- Regular Automated Electronic Payment (my information is provided **below**)
- Monthly Offertory Envelopes (my information is provided on the **reverse** side of this form)
- Weekly Offertory Envelopes (my information is provided on the **reverse** side of this form)

### AUTOMATED ELECTRONIC PAYMENT AUTHORIZATION FOR ANNUAL GIVING

Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> New Payment from Account Specified Below (Choose bank <b>or</b> credit card)</li> <li><input type="checkbox"/> Change (Indicated below)</li> <li><input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.</li> </ul>	
<b>Account Information</b> (Choose either Bank or Credit Card. Provide information below for one account only.)	
<b>Bank Information</b>	<b>OR</b>
<b>Credit Card Information</b>	
Bank Name:	Credit Card Type <ul style="list-style-type: none"> <li><input type="checkbox"/> American Express</li> <li><input type="checkbox"/> MasterCard</li> <li><input type="checkbox"/> Discover</li> <li><input type="checkbox"/> Visa</li> <li>Other: _____</li> </ul>
Account Type <ul style="list-style-type: none"> <li><input type="checkbox"/> Checking (please attach voided check)</li> <li><input type="checkbox"/> Savings (please attach deposit slip)</li> </ul>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date

Contribution Schedule			
Payment Schedule	Amount <small>(Write in your monthly offering amount of \$20 or more)</small>	Collection Date <small>(Choose either the 5<sup>th</sup> or 20<sup>th</sup> of the month for ACH online banking)</small>	Payment Start Date <small>(Allow a minimum of two weeks)</small>
Monthly Contribution	\$	<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>	

I authorize Saint Katharine Drexel Roman Catholic Congregation, Inc. to debit from the account specified on this form for Annual Giving. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$25 non-sufficient funds (NSF) fee charged to my account for NSF debits. Every two months I will receive all second (and special) collection envelopes. At any time I may elect to change my Annual Giving method by completing this form and noting any changes.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_