



## Saint Basil The Great

### *Sign up now for Automatic Giving*

For all our Parishioners, St. Basil Parish is offering an alternative to writing a weekly or monthly check. Join our Automated Giving Program and have your financial stewardship offering transferred directly to the parish account.

#### *How do I sign up?*

Please complete the information below and return it in a sealed envelope to the Parish Office. Funds will be debited from your checking or savings account on the first Monday of each month.

#### *My Discipleship Commitment*

I (We) hereby authorize St. Basil the Great Church, to initiate a monthly debit entry to my (our) account indicated below and the financial institution named below, to debit the same to such account for the Church. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of US law.

Financial Institution Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Your Account Number \_\_\_\_\_

#### **Amount to be debited (deducted) on the first Monday of each month.**

Regular Collection: \_\_\_\_\_ Life Teen: \_\_\_\_\_

Monthly Collection: \_\_\_\_\_ *(for building maintenance & repairs)*

Checking \_\_\_\_\_ Savings \_\_\_\_\_

This authority is to remain in full force and effect until St. Basil the Great Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Basil the Great Church and Financial Institution a reasonable opportunity to act on it.

Name on Account \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Church Envelope Number \_\_\_\_\_

Signature \_\_\_\_\_

Please remove me from monthly envelopes: Yes \_\_\_\_\_ No \_\_\_\_\_

Return this form to the St. Basil Parish Office,  
8700 Brecksville Road, Brecksville, OH 44141      Attention: Diane Stuczynski