

St. John Neumann Roman Catholic Church
11211 Beauchamp Road
Berlin, MD 21811
410-208-2956

Electronic Giving Enrollment Form

I (we) hereby authorize St. John Neumann Roman Catholic Church to initiate monthly electronic transfers from my (our) account indicated below, to the depository financial institution, the Bank of Ocean City, for deposit in the Parish account. I (we) acknowledge that the origination of these transactions from my (our) account to the parish account must comply with the provisions of U.S. law.

Name(s): _____ ID Number: _____
(Print) (Envelope Number Registered Parishioners)

Address: _____
City/State/Zip : _____
Telephone #: _____
Email: _____

Amount for Regular Offering: \$ _____
Amount for Parish Maintenance: \$ _____
Amount for Special Offering: \$ _____

Total Monthly Offering: \$ _____ **on 3rd Thursday of each month**

Bank Information: (Please attach a voided check)

Account Name: _____
Name of Bank: _____
Routing Number: _____
Account Number: _____

Type of Account: ☐ Checking ☐ Savings

This authorization is to remain in full force and effect until St. John Neumann Roman Catholic Church has received written notification from me (us) of its termination in such time and in such manner as to afford the Church and the bank a reasonable opportunity to act upon it.

Authorized by: _____ Date: _____
(Signature)

_____ Date: _____
(Signature)