

St. John Bosco Parish

Dear Parish Member,

You now have the opportunity to have your church offering automatically withdrawn from your checking account. This service is now available (at no cost) to parish members of St. John Bosco through a special partnership with your parish credit union, **Catholic Vantage Financial Credit Union (36111 Five Mile Rd, Livonia 48154, 734-432-0212, www.mycvf.org)**, using their **e-Envelope Service**. Simply complete the information below, place it in a sealed envelope and mail or return it to the parish office or place it into the collection basket. Your form will be processed in approximately two-weeks. Your offering will be withdrawn electronically from any checking account that you designate. If you do not have a checking account, or if you are interested in joining our parish credit union, you are automatically eligible for membership and a free checking account from Catholic Vantage Financial Credit Union. Remember your offerings are tax deductible. St. John Bosco will continue to make available a statement with your recorded offerings every year.

Sincerely,
Stewardship Commission, St. John Bosco Parish

St John Bosco Parish – Electronic Offertory Form
12100 Beech Daly Rd., Redford MI 48239 313-937-9690
Email: stjohnboscoparish@att.net

Effective date of authorization: _____

Type of Authorization Form: New Authorization Change donation date Discontinue electronic donation
 Change donation amount Change banking info

Name: _____ Envelope # _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone # _____

You may choose to make changes to, or discontinue this church support at any time with a 30-day written notice. Please attach a voided check for processing and drop into the Church Basket or at the Parish Office. Allow 14 days for processing. By completing this form, you authorize St. John Bosco and Catholic Vantage Financial Credit Union to debit the specified account for the credit of your church envelope account.

Name of Financial Institution: _____

Checking Account #: _____

Routing & Transit Number or ABA Number (9 digits): _____
(9 digits preceding your account number)

SUNDAY OFFERING: Please debit my account in the amount of: \$ _____

- Weekly on (circle one) Monday Friday
- Semi-monthly (2 times per month) on these dates every month (circle two) 1st 10th 15th 25th
- Monthly on: (circle one) 1st 10th 15th 25th

UTILITIES/MAINTENANCE: Please debit my account in the amount of: \$ _____

- Monthly on: (circle one) 1st 10th 15th 25th
- Quarterly on: Jan 1, April 1, July 1, October 1
- Semi-annually on: (circle two) Jan 1, April 1, July 1, October 1
- Annually on: (circle one) Jan 1, April 1, July 1, October 1

SPECIAL OFFERING

New Year's Day \$ _____ Ash Weds/Lent \$ _____ Easter Flowers \$ _____ Easter \$ _____
Assumption \$ _____ All Saint's Day \$ _____ All Soul's Day \$ _____
Immaculate Conception \$ _____ Christmas Flowers \$ _____ Christmas Day \$ _____
(100% to Parish)

All debits will be posted on the days indicated above or on the next business day.

SIGNATURE _____ **DATE** _____