

## St. Bernadette Parish

5930 South Abbott Rd.  
Orchard Park, NY 14127-4597



Dear Parishioner:

Thank you for considering the parish's Automated Giving program as a means to share your financial gifts with St. Bernadette Parish. This Automated Giving program will be used for the regular Sunday offerings. You may also opt to use it for the special collections, including the capital campaign, and Early Childhood Academy tuition.

To enroll in our Automated Giving program, kindly complete and sign the Authorization Form on the following page. Return the completed form to Lynda at the parish office along with a voided check (or pre-printed savings deposit ticket) for the bank account you want us to use for your Automated Giving. This will provide the information we need to set your request up with your bank (the bank identification number and account number) and will be held in strict confidence. Once we have received your information, you will be informed of the start date for your ACH contributions.

If you opt to use the ACH for special collections, you will not receive any envelopes in the mail. If you do not choose this option, you will continue to receive your envelopes in the mail and you may merely discard the envelopes for the regular collection.

If you have any questions, please feel free to contact our business manager, Patrick Haefner, or Lynda at the rectory or Bill Bush, Branch Manager, Evans Bank, 5999 South Park Ave., Hamburg, at 649-4900.

Thank you so much for considering this form of regular giving as part of your overall stewardship plan. This is one more way that you exemplify what it means to live up to your baptismal call to follow Jesus as a good steward of God's gifts.

Sincerely yours in Christ,  
Rev. Paul D. Seil  
Pastor

**St. Bernadette Church**  
**Authorization Agreement for Direct Payments (ACH Debits)**

I (we), \_\_\_\_\_, hereby authorize **St. Bernadette R. C. Church** to initiate debit entries to my (our) ( )Checking / ( )Savings account indicated below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

**Name of Financial Institution:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

**(Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.  
All information is strictly confidential and stored securely.)**

**Regular Sunday Offering**

Amount of each pre-authorized withdrawal:

\$ \_\_\_\_\_

Frequency (choose one):

\_\_\_\_\_ Weekly – on Mondays (Tuesday after a legal holiday)

\_\_\_\_\_ Monthly – on the Monday after the 1st Sunday of the Month  
(Tuesday after a legal holiday)

**Special Collections**

Choose one of the following:

\_\_\_\_\_ I wish to continue to receive my pack of envelopes and ignore the ones for regular collection.

\_\_\_\_\_ I wish to use ACH debits and not receive any envelopes in the mail.  
(See details on next/reverse page.)

**St. Bernadette ECA Tuition**

Choose one of the following:

\_\_\_\_\_ I am not a parent of an Early Childhood Academy student and/or I do not wish to make automatic tuition payments.

\_\_\_\_\_ I wish to make 10 equal Monthly Tuition payments from August through May on the Monday after the third Sunday of the month.

This authorization is to remain in full force effect until St. Bernadette R. C. Church has received written notification at least five business days in advance of the desired termination date. (Send notification to Lynda Rzeszutek.)

\_\_\_\_\_  
(Authorized signature for above account) (Print Name) Date: \_\_\_\_\_

If second signature is required:

\_\_\_\_\_  
(Authorized signature for above account) (Print Name) Date: \_\_\_\_\_

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***Cancellation of Automated Giving***

I, \_\_\_\_\_, direct St. Bernadette R. C. Church to discontinue automatic debit entries to my bank account.

\_\_\_\_\_  
(Authorized signature for the parishioner bank account) (Print Name) Date: \_\_\_\_\_

(Only one signature is necessary to make this cancellation request)

**Directions:** If you elect to contribute to the following collections through Direct Payments please:

1. Write in the amount of your pre-authorized donation.
2. If you do not wish to donate to a specific collection, please put an "X" in the box.
3. For the collections taken more than once a year, indicate whether you wish to donate monthly, quarterly or annually.  
(The amount you indicate is the amount of each donation.)

**Diocesan Collections**

<b>Diocesan Collection</b>	<b>Timing of ACH debit</b> Third Monday of the Month	<b>Amount of pre-authorized withdrawal</b>		<b>Diocesan Collection</b>	<b>Timing of ACH debit</b> Third Monday of the Month	<b>Amount of pre-authorized withdrawal</b>
Catholic Relief Services	January			Missions	June	
Church in Central and Eastern Europe	February			Christ the King Seminary	July	
Black & Native Missions	March			Peter's Pence	September	
Holy Land (Good Friday)	April			Mission Sunday	October	
Catholic Home Mission Appeal	April			Catholic University	November	
Church in Latin America	May			Catholic Campaign for Human Development	November	
Catholic Communications	June			Religious Retirement Appeal	December	

**Parish Collections**

<b>Parish Collection</b>	<b>Timing of ACH debit</b> Third Monday of the Month	<b>Amount of pre-authorized withdrawal</b>		<b>Parish Collection</b>	<b>Timing of ACH debit</b> Third Monday of the Month	<b>Amount of pre-authorized withdrawal</b>
Mary the Mother of God	January			Christmas Flowers	December	
Easter	April			Justice and Peace	January	
Ascension	May			Fr. Merrick Scholarship	May	
Assumption	August			Campaign for Catholic Education	September	
All Saints	November			Parish Neighbors**	___ Monthly ___ Quarterly ___ Annual	
All Souls	November			Gas, Electric & Snow Removal**	___ Monthly ___ Quarterly ___ Annual	
Immaculate Conception	December			Youth Ministry Support**	___ Monthly ___ Quarterly ___ Annual	
Christmas	December			Parish Education Fund	___ Monthly ___ Quarterly ___ Annual	
Easter Flowers	March					

\*\* Quarterly will be withdrawn on the Monday (Tuesday if Monday is a holiday) after the 3rd Sunday of March, June, September, and December. Annual contribution will be withdrawn on the third Monday of October.

**Parish Capital Campaign**

Urgent Needs Appeal	<b>Timing of ACH debit</b> Monday after the last Sunday of the Month (Tuesday if Monday is a holiday)	<b>Amount of pre-authorized withdrawal</b>		___ Monthly ___ Quarterly ___ Annual ___ One Time
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**To cancel your automated giving use the form on the first page.**