



# Electronic Giving Enrollment Form

St. Jude Parish • 420 South Mountain Boulevard • Mountain Top, PA 18707  
 (570) 474-6315 phone • (570) 474-0775 fax • [www.stjc.org](http://www.stjc.org) website

**1. Weekly Offertory Contribution: \$ \_\_\_\_\_** (Note: Total monthly contribution amount will be debited on the 5<sup>th</sup> of the month or the next business day. The total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

**2. You may also choose to give to the following second and special collections.**  
The amount indicated will be debited on the 5th of the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Building Fund	\$ _____	<i>Monthly</i>	<input type="checkbox"/> Ascension Thursday	\$ _____	<i>May/June</i>
<input type="checkbox"/> Care & Education of Priest	\$ _____	<i>Monthly</i>	<input type="checkbox"/> Peter's Pence	\$ _____	<i>June</i>
<input type="checkbox"/> Campaign for Human Development	\$ _____	<i>January</i>	<input type="checkbox"/> Catholic Relief Services	\$ _____	<i>July</i>
<input type="checkbox"/> Solemnity of Mary, Mother of God	\$ _____	<i>January</i>	<input type="checkbox"/> Assumption	\$ _____	<i>August</i>
<input type="checkbox"/> Catholic Social Services	\$ _____	<i>March</i>	<input type="checkbox"/> Mission Sunday	\$ _____	<i>October</i>
<input type="checkbox"/> Good Friday/Holy Land	\$ _____	<i>March/April</i>	<input type="checkbox"/> All Saints Day	\$ _____	<i>November</i>
<input type="checkbox"/> Easter (in addition to regular Sunday gift)	\$ _____	<i>March/April</i>	<input type="checkbox"/> Christmas Flowers*	\$ _____	<i>December</i>
<input type="checkbox"/> Easter Flowers*	\$ _____	<i>March/April</i>	<input type="checkbox"/> Immaculate Conception	\$ _____	<i>December</i>
<input type="checkbox"/> Catholic Home Missions	\$ _____	<i>April</i>	<input type="checkbox"/> Retirement for Religious	\$ _____	<i>December</i>
<input type="checkbox"/> Catholic Communications	\$ _____	<i>May</i>	<input type="checkbox"/> Christmas Day	\$ _____	<i>December</i>

*\*Please call or e-mail the Parish Office at 570-474-6315 with the names of your intentions for these collections.*

**3. (If you choose Electronic Giving but would like to place a representation of your sacrificial offering in the weekly basket as a show of support, please check this box \_\_\_\_\_ and offertory cards will be sent to the e-mail address listed below.)**

**4. I (we) hereby authorize St. Jude Parish, hereinafter called PARISH, to initiate debit entries from my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account (select one) indicated below and the Bank named below, and to debit and/or credit such account for the payment(s) listed above.**

BANK \_\_\_\_\_ LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT / ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

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

I (We) understand that the BANK is not responsible for any errors made by the PARISH and that the BANK can only initiate debit and credit entries based upon information given to it by the PARISH. I agree that the BANK has no liability to me if it is unable to make any transfer because of an act of God, mechanical failure or any interruption in communications not within its control, or if sufficient funds are not given to it by the PARISH in the amount of the required transfer.

**5. NAME(S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 (please print)

**E-MAIL ADDRESS** \_\_\_\_\_

**6. DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**7. • ATTACH A COPY OF A VOIDED CHECK HERE.**

**Please print.**  
 See reverse side for instructions.