



# St. Jude Parish Offertory Online 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

<b>St. Jude Parish</b>	
Name on account (Print)	Account Holder's Phone#
Address	
City, State, Zip	
E-mail address	
I authorize the <input type="checkbox"/> New Payment from Account <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account.	

**Regular Offertory Contribution:** \$ \_\_\_\_\_ Total Amount to be Deducted Each Month

You **may** also choose to give to the following second and special collections. (Holy Days & Diocesan Collections)

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> <b>Care &amp; Education of Priest</b>	\$ _____	<b>Monthly</b>	<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"/> Good Friday/Holy Land	\$ _____	<i>March/April</i>	<input type="checkbox"/> Mission Sunday	\$ _____	<i>October</i>
<input type="checkbox"/> Easter (in addition to reg. Sunday gift)	\$ _____	<i>March/April</i>	<input type="checkbox"/> All Saints Day	\$ _____	<i>November</i>
<input type="checkbox"/> Easter Flowers*	\$ _____	<i>March/April</i>	<input type="checkbox"/> Christmas Flowers*	\$ _____	<i>December</i>
<input type="checkbox"/> Catholic Home Missions	\$ _____	<i>April</i>	<input type="checkbox"/> Immaculate Conception	\$ _____	<i>December</i>
<input type="checkbox"/> Catholic Communications	\$ _____	<i>May</i>	<input type="checkbox"/> Retirement for Religious	\$ _____	<i>December</i>
<input type="checkbox"/> Ascension Thursday	\$ _____	<i>May/June</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.*

<b>Account Information</b>	
<i>(Choose either Checking or Savings Account. Provide information below for one account only.)</i>	
<b>Bank Account Information</b>	
Account Type <input type="checkbox"/> Checking (please attach voided check)	Routing Number
<input type="checkbox"/> Savings (please attach deposit slip)	Account Number
Authorization Effective Date        /        /	
Collection Date (Date for withdrawal from your account) _____ of each month	

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please attach your voided check or savings deposit slip.*