



COLDWATER CLUSTER OF CATHOLIC PARISHES

120 E. Main Street, P. O. Box 107, Coldwater, Ohio 45828
Phone 419-678-4802 Fax 419 678-4803

ONLINE GIVING NOW AVAILABLE

March, 2018

Dear Parishioners:

Are you interested in an easier way to handle your weekly contributions? Are you scrambling at the last minute to find the checkbook or the right amount of cash for your contribution envelope? If so, you may enjoy the simplicity of electronic giving. EFT(Electronic Fund Transfer) can be done in three easy steps:

1. Complete the backside of this form
2. Attach a voided check or deposit slip
3. Drop in the collection basket or at the cluster office.

Once you do this, the amount you indicated will be automatically withdrawn from your account by the 28th of each month-nothing more for you to do! An email reminder will be sent to you around the 23rd of each month about the EFT withdraw on the 28th.

If you have any questions concerning the EFT, please contact Kent Phares, Business Manager, at kphares@coldwatercluster.org or 419-678-4802.

Holy Trinity Parish
Coldwater

St. Anthony Parish
St. Anthony

St. Mary Parish
Philothea

COLDWATER CLUSTER OF CATHOLIC PARISHES EFT ENROLLMENT FORM

Name: _____

Bank Information:

Address: _____

Name of Financial Institution:

City: _____

Zip: _____

9 Digit Routing

Email: _____

Account

Phone: _____

____ Checking account

____ Savings account

Envelope #: _____

(All gifts will be processed on the 28th of

each month)

I hereby authorize the Coldwater Cluster of Catholic Parishes to initiate electronic debit (charge) entries to my account every month. I acknowledge that the origination of the Automated Clearing House (ACH) transaction to my account must comply with the provisions of the U. S. Law. This authority will remain in effect until I have cancelled or changed the amount in writing.

If my Financial Institution information changes, I agree to submit to the Coldwater Cluster of Catholic Parishes an updated EFT Authorization Agreement. Changes must be submitted by the 20th of the month to allow processing time to make the changes requested. The parishioner will be responsible for any fees assessed to the Coldwater Cluster of Catholic Parishes for return items.

Signature _____

Date _____

MONTHLY SUNDAY COLLECTION

\$ _____

MONTHLY PARISH PERMANENT IMPROVEMENT FUND

\$ _____

TOTAL MONTHLY CONTRIBUTION

\$ _____