

Holy Family Catholic Church, McGregor

299 Red Oak DR • Aitkin MN 56431

The convenience of an **Automatic Direct Giving Plan** offers the options of donating weekly, bi-monthly or monthly.

You can have your donation made automatically from your checking or savings account. Plus...you won't have to change your present banking relationship to take advantage of this service.

The Automatic Direct Giving Plan will help you in several ways!

- *Make donating convenient and timely, even when you're out of town.*
- *Save time with fewer checks to write.*
- *Helps you meet commitments in a convenient and timely manner.*

How to Get Started

To set up automatic direct giving, simply complete the authorization form below and return it to the parish office. Donations can be debited automatically from checking or savings accounts.

PLEASE NOTE: Direct Giving for Holy Family is processed along with the St. James batch. These donations are then transferred to Holy Family. If you have any questions or concerns about automatic direct giving, please call the Parish office at 218-927-6581.

AUTHORIZATION FORM Holy Family Catholic Church, McGregor Automatic Direct Giving	
Name: _____	I/we would like to begin giving in the frequency noted on the left on: (Days of the month that can be selected for direct giving are the 4th, 11th, 18th and 25th.)
Address: _____	
City, State, Zip: _____	Date: _____
Phone: _____	Please debit my (check one) ____ Checking account (attach voided check) # _____ ____ Savings account (attach voided deposit slip) # _____
Email address: _____	
Envelope Number: _____ (office use)	I authorize St. James Church to make deductions from my checking/savings account as noted above. This authority will remain in effect until I notify St. James in writing to change or cancel this authorization.
I would like to make the following contributions:	
Circle one: Monthly Bi-monthly Weekly	
____ Regular (general operating) \$ _____	
____ United Catholic Appeal \$ _____	
____ Food Shelf (McGregor) \$ _____	
____ Other \$ _____	
____ Other _____ \$ _____	
Total \$ _____	AUTHORIZED SIGNATURE: _____ Date: ____/____/____

Would you like to continue to receive monthly envelopes (for national collections)? Yes _____ No _____