Our Lady of Fatima Chapel, McGrath

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 Our Lady of Fatima Chapel will be processed along with the St. James batch. These donations will then transferred to Our Lady of Fatima. If you have any questions or concerns about automatic direct giving, please call the Parish office at 218-927-6581.

AUTHORIZATION FORM
Our Lady of Fatima Chapel, McGrath
Automatic Direct Giving

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email address: _____

Envelope Number: _____ (office use)

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 **$_____**

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.)

Date: _____

Please debit my (check one)

____ Checking account (attach voided check)

_____

____ Savings account
(attach voided deposit slip)

_____

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.

AUTHORIZED SIGNATURE:

_____

Date: _____/____/_____