

Prince of Peace Catholic Church
2407 West 56th Street
Kearney, NE 68845-4113
Phone: (308) 236-9171

Electronic Funds Transfer Form

(Please Print)

Name of Member _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Cell Phone: _____

Please take my contribution directly from the account specified: (please check one)

_____ Checking Account (Please attach a Voided Check)

_____ Savings Account (Please attach a Savings Deposit Slip)

Routing Number: (1st set of numbers at bottom of check) _____

Account number (2nd set of numbers at bottom of check) _____

I authorize Prince of Peace Catholic Church to process debit entries to my account. I have attached a voided check or savings account form. This debit is to remain in full force and effect until Prince of Peace Catholic Church receives written notification from me (or either of us) of its termination in such time and manner as to afford the CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on the termination.

(Print Individual Name)

(Signature)

(Print Individual Name)

(Signature)

Optional (Envelope ID Number)

(Date)

PLEASE TURN OVER TO COMPLETE DONATION INFORMATION

MEMBER AUTHORIZATION I WOULD LIKE TO BEGIN OR CHANGE ELECTRONIC PAYMENT		
Date: _____		
☐ New Authorization ☐ Renew Authorization	☐ Change Contribution Amount ☐ Change Contribution Date	☐ Change Bank ☐ Discontinue

Regular Contribution _____ 2nd (and/or) _____ 16th of each month Amount Per Transfer: \$ _____	DIOCESAN SPECIAL COLLECTIONS (Transferred on the 16th of the Month)
Pillar: Debt Retirement/parking lot Payment _____ 2nd (and/or) _____ 16th of each month Amount Per Transfer: \$ _____	January: Latin American Churches \$ _____
	February: Eastern Europe Churches \$ _____
	March: Catholic Relief \$ _____
	April: Holy Land \$ _____
	May: Seminary \$ _____
Prince of Peace Maintenance Fund Used for Maintenance and Repairs Church, Social Hall & Rectory Transfer the 2nd of each month Amount Per Transfer: \$ _____	June: Communications \$ _____
Prince of Peace Pantry Fund Used for Charity Needs Transfer the 2nd of each month Amount Per Transfer: \$ _____	July: Peter's Pence \$ _____
	September: West Nebraska Catholic \$ _____
	October: World Mission Sunday \$ _____
	November: Mental Health Care Ministry \$ _____
	December: Religious Retirement \$ _____

_____ I agree to increase my giving 3% annually (increases begin July 1 each year)
 (initial)

Note: Your transfer date at your bank may vary because of holidays and work days. **Thank you** for your electronic funds transfer and your generosity.

Comments: _____

For any questions, please contact Prince of Peace Catholic Church or e-mail
finance@kearneyprinceofpeace.org

For Office Use Only	Date: _____
Entered in Parish Data System	Staff member: _____