

John XXIII Catholic Community

Online Donation Options

OPTION 1: To make a donation through your bank or credit union's bill pay feature, the following information needs to be provided:

1. The parish's name and address as shown below (no substitutions please)
JOHN XXIII CATHOLIC COMMUNITY
4831 TRAMWAY RIDGE DR NE
ALBUQUERQUE, NM 87111
2. Your name and address as you provided it when you registered in the parish.
3. Your church ID number (envelope number) and a note with the designation of your funds. If you do not designate your funds, they will automatically be placed in the weekly offering. If you don't know your ID Number, please call the parish office.

OPTION 2: Automatic Withdrawal

Complete the form below, attach a voided check and mail it to the parish office or drop it in the Sunday collection. Alternatively, you can also make an appointment with the business manager: Clara Maestas at 323-2760. The process won't take long. We will set up the account and verify the information with the bank. Once we are given an OK, the direct payment process will begin!

Please be sure to complete the form in its *entirety*. We will need your bank account number and bank routing number. Clearly indicate the fund(s) you wish to donate to and note the amount for each fund, and how often you want to make a deposit.

Please be sure to provide a current phone/cell number and an email address. Please make sure to sign and date the form. Thank you!

**AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS (ACH DEBITS)
TO JOHN XXIII CATHOLIC COMMUNITY**

I (we) hereby authorize John XXIII Catholic Community, hereinafter called **PARISH**, to initiate debit entries to my (our) ___ **Checking Account**/ ___ **Savings Account (select one)** indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY INFORMATION

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number: _____

Account Number: _____

PLEASE DESIGNATE DONATIONS

REGULAR SUNDAY DONATION

Amount: _____

Every Week Monthly = ___ 1st week ___ 2nd week ___ 3rd week ___ 4th week

BUILDING FUND

Amount: _____

Every Week Monthly = ___ 1st week ___ 2nd week ___ 3rd week ___ 4th week

ARCHDIOCESAN SPECIAL COLLECTIONS

Fund	Amount	Fund	Amount	Fund	Amount
Catholic Relief		Mission Sunday		Peter's Pence	
Retired Religious		Human Development		Seminary Support	
Rice Bowl		Catholic Home Missions			

J23 Poor and Needy March Amt. June Amt. Sept. Amt. Dec. Amt.

Adopt - A - Mission

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

This authorization is to remain in full force and effective until the PARISH has received a written notification, from me (or either of us) of its termination in such time and in such manner as to afford PARISH and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZATION (S)

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

Please provide a current phone number and/or E-mail address, for when we need to contact you.

Phone _____ E-mail _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

ATTACH VOIDED CHECK OR DEPOSIT SLIP.

