

# ST. THOMAS AQUINAS EZ-GIVING FORM



PLEASE HELP US SAVE THE TIME AND THE MONEY THE PARISH SPENDS  
PROCESSING CHECKS FROM THE WEEKLY OFFERTORY COLLECTIONS.

We can reduce the bank charges associated with checks that you write to St. Thomas Aquinas **HOW?**

**Sign-up for EZ-GIVING!** Simply complete the form below to have your monthly donation automatically deducted from your checking account or charged to your personal credit card. The Finance Council wants to make the most of your monthly donation to support programs of our parish. Please drop this form in the offertory collection or mail it to the Church office.

## St. Thomas Aquinas Catholic Church Donations

2541 Earl Rudder Freeway South, College Station, TX 77845

**I want to reduce bank costs to our parish! Please accept my tax-deductible gift.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Automatic Withdrawal from my Checking Account

I authorize St. Thomas Aquinas Catholic Church to withdraw \$\_\_\_\_\_ per month automatically from my checking account, beginning immediately. Please schedule future deductions to take place on the business day closest to the 1st or 15th day of each month (*circle choice*).

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Charge a Credit Card

Please charge my credit card \$\_\_\_\_\_ per month, beginning immediately.

Credit Card # \_\_\_\_\_ Credit Card ID# \_\_\_\_\_ (3 or 4 digits on back)

Type of Card [*please circle*] Mastercard Visa Expiration Date: \_\_\_\_/\_\_\_\_

Please schedule future deductions to take place on the business day closest to the 1st or 15th day of each month (*circle choice*).

Signature \_\_\_\_\_ Date \_\_\_\_\_