

St. John Neumann Catholic Community

Offertory Gift Form

☐ **NEW** authorization

☐ **CHANGE** to my current information

☐ **DISCONTINUE** my current giving

Family Name (please print) _____ SJN Envelope # _____

First Name (please print) _____

I/We hereby authorize St. John Neumann Church, Reston, VA, to debit the account at the financial institution (Bank, Credit Union, Cash Management, etc.) listed below:

Bank Name: _____

Please attach a voided check and return with this form

Regular Sunday Collections

Amount: \$ _____ Date to Begin: _____

(Choose one) ☐ Weekly ☐ Every Two Weeks ☐ Monthly

I/We understand that St. John Neumann Catholic Church will withdraw funds directly from my bank account as indicated above. These donations will continue until written notification is given to the parish office to discontinue them. I/We understand that if changes to my donations or account information are required, only written notification i.e., Electronic Payment Change Form is acceptable.

Signature: _____ Date: _____

*****SJN Internal Use*****

Date Received: _____ Date Processed: _____ By: _____