

# Sts. Peter and Paul

## Haiti Food Program Sponsorship Options

I will use the monthly envelope included with church collection envelopes mailed to my home

I would like to sponsor \_\_\_\_\_ child(ren) at \$5 per child/month

I'm making a one-time donation for the year with the enclosed check

I would like to sponsor \_\_\_\_\_ child(ren) at \$5 per child/month

I prefer monthly electronic funds transfer (EFT)

I would like to sponsor \_\_\_\_\_ child(ren) at \$5 per child/month

### Direct Debit Authorization

I hereby authorize Sts. Peter & Paul Church to initiate debit entries for tithing to my/our account as indicated below and the financial institution named below 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.

_____	_____
(Financial Institution Name)	(Name(s) on the Account)

Transfer Amount \$_____ for monthly collection	_____	_____
	(Routing Number)	(Account Number)

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Frequency of transfer: Monthly \_\_\_\_\_ on the 5<sup>th</sup> (or next business day)

This authority is to remain in effect until Sts. Peter & Paul has received written notification from me/us of its termination in such time and manner as to allow Sts. Peter & Paul and the financial institution a reasonable opportunity to act on it.

_____	_____
(Print Name)	(Signature)

_____	_____
(Print Spouse Name) (if joint acct)	(Spouse Signature) (if joint acct)

_____	_____
(E-mail Address)	(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM IF SELECTING EFT OPTION

## Thank you and God Bless!