HARDROCKER CATHOLIC

NEWMAN

Rapid City Catholic Newman Center

Electronic Tithing Authorization

I have authorized the RC Newman Center; 316 E. Kansas City St.; Rapid City, SD 57701 to initiate electronic tithing (e-tithing) from my checking -or- savings account in the amount of: $_____on the 15th and / or the 30th of the month.

Effective Date:_____

☐ New Authorization ☐ Change/update to previous ☐ Termination

I have agreed to the terms listed on the E-tithing Authorization. I may revoke at any time, in writing, this e-tithing authorization with the RC Newman Center.

I have requested the following breakdown of e-tithing (Specific Dollar Amount per line):

$_____ FOCUS Missionaries

$_____ Newman Center Endowment

$_____ Newman Center General Fund (Sunday collections)

* I understand that special collections will not be taken from my account and; therefore, must be dropped into the collection basket at the RC Newman Center.

Make a copy of this complete form for your records

Return this original signed document to the RC Newman Center (see below)

Rapid City Newman Center

I hereby authorize the RC Newman Center to initiate electronic tithing to my:

☐ Checking Acct -or- ☐ Savings Acct on the:

☐ 15th day of the month and / or the
☐ 30th day of the month (*check one or both*).

The amount of each (or single) e-tithing will be $ _____. .

This authorization will remain in effect until I have notified the RC Newman Center, in writing, of my intent to cancel.

_____
Family Name (**Please print or type legibly)**

_____ _____
Financial Institution City / State Branch

_____ _____
Signature Date

Routing Number (1st 9 digits of MICR line) Account Number at Financial Institution

PLEASE ATTACH A VOIDED CHECK

- Mail signed original form & voided check to: 316 E. Kansas City St., Rapid City, SD 57701 -