

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

ID#: _____

Stewardship of Treasure begins July 1, 2021 – June 30, 2022



“For where your treasure is, there your heart will also be.” - Matthew 6:21

Please indicate with an (X) if this coming **Fall of 2021** you will have a child /children attending... _____ Faith Formation and/or _____ Catholic Schools.

For those striving to tithe, the following guide maybe helpful in making your decision.

A FINANCIAL GUIDE FOR TITHERS						
Annual Income	Weekly Tithe		Monthly Tithe		Annually Tithe	
	10%	5%	10%	5%	10%	5%
\$10,000	\$19.23	\$9.62	\$83.33	\$41.67	\$1,000.00	\$500.00
\$20,000	\$38.46	\$19.23	\$166.67	\$83.33	\$2,000.00	\$1,000.00
\$30,000	\$57.69	\$28.85	\$250.00	\$125.00	\$3,000.00	\$1,500.00
\$40,000	\$76.92	\$38.46	\$333.33	\$166.67	\$4,000.00	\$2,000.00
\$50,000	\$96.15	\$48.08	\$416.67	\$208.33	\$5,000.00	\$2,500.00
\$60,000	\$115.38	\$57.69	\$500.00	\$250.00	\$6,000.00	\$3,000.00
\$70,000	\$134.62	\$67.31	\$583.33	\$291.67	\$7,000.00	\$3,500.00
\$80,000	\$153.85	\$76.92	\$666.67	\$333.33	\$8,000.00	\$4,000.00
\$90,000	\$173.08	\$86.54	\$750.00	\$375.00	\$9,000.00	\$4,500.00
\$100,000	\$192.31	\$96.15	\$833.33	\$416.67	\$10,000.00	\$5,000.00
\$110,000	\$211.54	\$105.77	\$916.67	\$458.33	\$11,000.00	\$5,500.00
\$120,000	\$230.77	\$115.38	\$1,000.00	\$500.00	\$12,000.00	\$6,000.00
\$130,000	\$250.00	\$125.00	\$1,083.33	\$541.67	\$13,000.00	\$6,500.00

I/we have given prayerful thought regarding a generous and sacrificial sharing of my/our gift of treasure. For the church fiscal year of July 1, 2021 to June 30, 2022, we have decided to tithe... *(Please fill in the amount on one line only)* _____ **Weekly** _____ **Monthly** _____ **Quarterly**

My/Our total annual/yearly tithe amount will be \$_____.

(Example: to calculate yearly tithe...take weekly tithe times 52 weeks; \$50 tithe x 52 weeks=\$2,600 annual/yearly donation)

- ❖ We do offer you the ability to set up your tithing through auto draft. For this service, please complete the form provided on the backside of this page.
- ❖ *First, if you are currently enrolled in ACH Debit (direct payment), we are asking you to please update your withdrawal date on backside of this form. This will help us save fees on the number of withdrawal dates.*
- Second, please initial one of the following:*
 - ____ continue my ACH draft for July 1, 2021 to June 30, 2022 at the current amount.
 - ____ continue my ACH draft & *adjust amount as indicated on reverse side of this form.*
- ❖ _____ *I am new to ACH draft...I have completed and signed the reverse side of this form.*

Signature Required _____ **Date** _____
Your signature verifies for us that you are the one completing and submitting the information.

To ensure confidentiality, please return your SRF and Treasure Form in the enclosed blue envelope.

Authorization Agreement for Direct Payments (ACH Debit)

Company Name: Immaculate Heart of Mary Parish, Hays, Inc

I (we) hereby authorize Immaculate Heart of Mary, hereinafter called COMPANY to initiate debit entries to my/our account - mark "X" one option

Checking Account Savings Account

Select one option below for ACH transaction (automatic withdrawal) - mark "X" one option:

Monthly on the 5th Monthly on the 20th Bi-Weekly on the 1st & 15th

Amount to auto withdraw on date selected (if bi-monthly the amount for each date): \$ _____

ACH auto withdrawal or change request will begin July 1, 2021; otherwise indicated begin date here _____.

- ✓ Please attach a voided check, or a copy of your savings account card with this document.
- ✓ No deposit slip will be accepted
- ✓ Your signature is required to process this form. Please sign "Account Owner" below.
- ✓ We will bill a \$30 charge for any overdrafts or returns on your automatic withdrawal plus any other bank charges the parish may incur.

Please indicate below the name of the depository financial institution, hereafter called DEPOSITORY, and to debit the same 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 Name: _____

Branch: _____ City/State _____

Routing No. /ABA No. _____ Account No. _____

Account Owner(s): _____

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

Account Owner Information

Joint Account Owner Information (Not Required)

Print Name here... Phone Number	Print Name here... Phone Number
Account Owner Signature **Required** Date	Account Owner Signature Date

When you sign up for the automatic withdrawal, you will automatically receive a modified packed of envelopes. It will only contain special or diocesan collections. A full packet of envelopes is available upon request.