

**Stewardship of Finance  
Direct Tithing Authorization  
St. Alphonsus Liguori Church**

**St. Alphonsus Liguori Church  
14040 Greenwell Springs Road  
Greenwell Springs, LA 70739.3302  
Attention: Missy Savoy**

I/we hereby authorize St. Alphonsus Liguori Catholic Church to instruct my financial institution listed below to debit my account according to the specifications selected. This authorization remains in effect until St. Alphonsus Liguori Catholic Church receives written notification from me of termination in time to allow reasonable opportunity to act on it, or until St. Alphonsus Liguori Catholic Church has sent me notice of termination of this service.

**To Activate Direct Tithing**

Complete this form

**Attach a voided check** to the completed form and return to the parish office.  
(All information will be kept in strict confidence)

**Complete the Following (Please Print)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Number (     ) \_\_\_\_\_ Work Number: (     ) \_\_\_\_\_

Parishioner's Banking Institution: \_\_\_\_\_

Please Check (✓) below which account you wish to use for direct tithing

Checking: \_\_\_\_\_ or Savings: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

(see lower-left corner of your checks or call your financial institution)

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate below the amount you want deducted in the appropriate category (Should your financial situation change, adjustments may be made at anytime by contacting the Church Office Bookkeeper)

**Stewardship Offering (Regular Collection)**

1<sup>st</sup> of each month amt \$ \_\_\_\_\_

**Or** 15<sup>th</sup> of each month amt \$ \_\_\_\_\_

**Building Fund**

1<sup>st</sup> of each month amt \$ \_\_\_\_\_

(All other collections will be collected through our regular church collections)

**Signature of Parishioner** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_