



# St. Mark Catholic Church

Revised 8/24/11

14740 Stumptown Road  
Huntersville, North Carolina  
704-948-0231  
[www.stmarknc.org](http://www.stmarknc.org)

### How does Direct Give work?

This secure program works directly with your bank, just as other electronic funds transfer systems you may already have set up (such as mortgage payments or utility bills). All transactions are done electronically, debiting your bank account automatically for the amount to which you have agreed in writing. It is a simple, hassle free solution for today's busy families!

### Can funds beyond what I have authorized be taken from my account?

No, only you can designate the amount of money that may be debited on a monthly basis. We maintain physical, electronic, and procedural safeguards that comply with federal standards to safeguard your information.

### When do the transactions occur?

On or about the tenth business day of each month, the transactions will be processed.

### Can I make changes at anytime?

Yes, by contacting the Parish Office in writing at the above address or by email at [directgive@stmarknc.org](mailto:directgive@stmarknc.org).

### How do I get started?

By completing the authorization form below, and returning it to the Parish Office or by signing up online at [www.stmarknc.org](http://www.stmarknc.org).

Last Name		First Name	
Address			
City		State	Zip Code
Email Address:		<b>FUNDS and AMOUNTS:</b>	
MONTH / YEAR TO BEGIN DONATION: _____ / 20__		General Offertory (monthly): \$ _____	
ENVELOPE NUMBER:		Debt Reduction (monthly): \$ _____	
		Christmas Contribution (December): \$ _____	
		Easter Contribution (month varies): \$ _____	
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check)		Account Number: _____
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide written notification to terminate the authorization.			
Authorized Signature: _____ Date: _____			
<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____			Date: _____