

## **Cathedral of Mary Our Queen Offertory Contributions by Electronic Funds Transfer**

Contributing electronically allows you to use a checking or savings account to:

- Contribute safely, simply and automatically into parish collections
- Support the Cathedral of Mary Our Queen events
- Save time writing checks

The Cathedral benefits from electronically processed contributions because administrative costs are greatly reduced. There is no need to process donations, key envelope transactions or even print envelopes and statements. Your contribution will be posted directly to your account on a weekly basis. The bottom line is that our parish will save time and money each year because of this service.

Registration for Offertory support via your checking/savings account is simply a matter of completing the attached (see page 2) Authorization Agreement and mailing it to the Cathedral at 5200 North Charles Street, Baltimore, MD 21210. Please call Jenny Lijoi at 410-464-4123 or email at [jljoi@cmoq.org](mailto:jljoi@cmoq.org) with any questions you may have.

We hope you join us in taking advantage of the opportunities and benefits that Electronic Funds Transfer has to offer you and the Cathedral of Mary Our Queen.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CONTRIBUTION**

I, \_\_\_\_\_, hereby authorize the Cathedral of Mary Our Queen, hereinafter called COMPANY, to initiate debit entries to my Checking ( ) or Savings ( ) account indicated below and the depository named below, hereinafter called DEPOSTIORY, to debit the same such account.

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AMOUNT \_\_\_\_\_ DEBIT DATE (OF MONTH) 1<sup>ST</sup>( ) 15<sup>TH</sup>( )  
choose one or both

DEPOSITORY \_\_\_\_\_  
name  
\_\_\_\_\_  
city state

BANKING TRANSIT/ABA \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
(always 9 digits)

ATTACH TO THIS FORM EITHER  
A VOIDED CHECK IF A CHECKING ACCOUNT IS DEBITED  
OR  
A SAVINGS DEPOSIT TICKET IF A SAVINGS ACCOUNT IS DEBITED

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

\_\_\_\_\_  
authorized signature for above account printed name date

\_\_\_\_\_  
authorized signature for above account printed name date  
(if second signature is required)

Please complete the enclosed form, attach a savings deposit ticket or a voided check, and return to the Parish Office either in person or through the mail. Should you have any questions, please call Jenny Lijoi at 410-464-4123.