



Good Shepherd Catholic Church

Offertory Commitment via ACH Bank Transfer

Your Name: _____ Phone Number: _____

Email Address: _____

Bank Name: _____

Offertory Amount: _____ Beginning in month: _____

Charge my bank account on the ____ 1st or the ____ 15th of the Month.

IMPORTANT: Please ATTATCH A VOIDED CHECK from the appropriate account to this authorization. Do not use a deposit slip.

This authority is granted to Good Shepherd Catholic Church until it has received written notification from me of its termination in such time and manner as to afford Good Shepherd Catholic Church and its bank a reasonable opportunity to act.

Authorized Signature: _____ Date: _____

RETURN THIS COMPLETED FORM & VOIDED CHECK IN THE COLLECTION BASKET,
SCAN AND EMAIL TO RSLATTERY@GSSHAWNEE.ORG OR
BY MAIL TO THE CHURCH OFFICE, 12800 W. 75TH STREET, SHAWNEE, KS 66216.