

Sacred Heart – Saint James Parish
Pastoral Center Office
271 Main Street, Groton, MA 01450
978-448-6633 (FAX: 978-448-2732)

June 30, 2008

My Dear Friend in Christ,

We as a parish have been blessed by the Lord in so many ways. It begins with our Eucharistic celebration and extends to our community of faith.

Finances are obviously very important to support our ministry, and we appreciate the generous support we receive from our parishioners. As Catholics, we recognize that all we have – our time, our talents, our resources, even our very lives – are gifts from God. We are called to be good stewards of all these gifts, investing them wisely and generously for the sake of God’s Kingdom. We know that our Lord’s promise is to “Seek first His kingdom and His righteousness, and all these things shall be yours as well.”

To help make it more convenient for you to financially support the parish, we have added an electronic payment option. This offers you the opportunity to make automatic financial contributions from your credit card or bank account to our parish. Electronic banking costs you nothing and provides many advantages to both you and your parish:

Your Benefits

- ✦ Makes giving more convenient— contribute directly from your checking, savings, MasterCard, or Visa.
- ✦ Eliminates the need to write checks and keep track of envelopes.
- ✦ Change your contribution amount or schedule at any time.
- ✦ Is secure and free.

Parish Benefits

- ✦ Saves hours of administrative time spent processing payments.
- ✦ Stabilizes the parish budget with your scheduled contributions.
- ✦ Reduces the expense of envelopes and associated postage costs.
- ✦ Promotes the parish mission through additional resources and staff time.

If you would like to take advantage of this new time-saving opportunity, please use the *Payment Authorization Form* enclosed to provide your account information and choose a contribution schedule. You specify the contribution amount, how often you would like to contribute, and the specific date when funds will be transferred from your account. Return your completed form to the parish office or drop it in the collection basket. As always, please contact us if you have any questions.

We thank you for your generous and continued support of **Sacred Heart-St. James Parish** as we work in service to Christ and our community.

May the Peace of Christ be with You,

Father Paul Ring, Pastor
Enclosure

PARISHSOFT LLC
PAYMENT AUTHORIZATION FORM

Church, School, or Diocese Name Sacred Heart-St. James Parish 271 Main St., Groton, MA 01450	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <input type="checkbox"/> New Payment from Account Specified Below <i>(Choose either bank or credit card. One account only, please.)</i> <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below. 	

Account Information	
<i>(Choose either Bank or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other <i>(provide type below)</i> _____
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Type <small><i>(e.g., Sunday Offering, DSA Pledge, etc.)</i></small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small><i>(Choose date for withdrawal from your account)</i></small>	Down Payment <small><i>(if applicable)</i></small>
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <i>(2x/year)</i> <input type="checkbox"/> One Time	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th <input type="checkbox"/> None	\$

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$ 4.50 nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.