

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

ID#: _____

Stewardship of Treasure begins July 1, 2026 – June 30, 2027

Stewardship is founded on Christ’s teaching that all we are and all we have are gifts from God the Father. “For God loves a person who gives cheerfully.” 2 Corinthians 9:7

Please indicate with an (X) if this coming **Fall of 2026** you will have a child attending:
 _____ Faith Formation and/or _____ Catholic Schools.

<p>The Bible and the writings of the Saints are very clear. Everything we have – from the air we breathe, to our lungs inhaling it, to our work, to our loved ones – are gifts from God. Out of gratitude, we give back to God just a small portion of what he has so graciously given to us. Tithing is the Biblical act of giving 10% of the financial resources bestowed upon us (we keep the other 90%)!</p> <p>Please give prayerful thought as you discern your sacrificial offer of God’s fit to you. Challenging yourself to increase your regular tithe by even \$5 or \$10 a week or month will help the parish to continue providing valuable services for you and your family.</p>	<p>I/We have given prayerful thought and consideration of our need. In gratitude for what God has given me/us, I/We have decided to support the mission of our parish.</p> <p>Accordingly, I/We plan to tithe the following:</p> <p><input type="checkbox"/> \$ _____ per week</p> <p><input type="checkbox"/> \$ _____ per month</p> <p><input type="checkbox"/> \$ _____ per bi-weekly</p> <p>My/Our total annual tithe for fiscal year July 1, 2026-June 30, 2027 will be: \$ _____</p>
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❖ We do offer you the ability to set up tithing through auto draft. to sign up, please complete the form provided on the backside of this page. This is the **easiest** way to give; no forgetting envelopes, checks, etc.

❖ Please **initial one** of the following:

_____ I am currently enrolled in ACH Debit (automatic draft) and need to update my ACH draft or adjust the amount as indicated on reverse side of this form. *(Be sure to attach a voided check if account or bank has changed)*

_____ I wish to continue my ACH draft for July 1, 2026, to June 30, 2027, and do not have any changes. I will prayerfully consider increasing my tithe this year. (I will contact the parish office to make changes)

_____ **I am new to ACH draft**...I have completed and signed the reverse side of this form.

To *ensure confidentiality*, please return both completed forms in the enclosed **blue envelope** in the collection or by mail.

Signature Required _____ **Date** _____

Your signature verifies for us that you are the one completing and submitting ALL the information.

Authorization Agreement for Direct Payments (ACH Debit)

Company Name: Immaculate Heart of Mary Parish, Hays, Inc

I (we) hereby authorize Immaculate Heart of Mary, hereinafter called COMPANY to initiate debit entries to my/our account - mark "X" one option

____ Checking Account

____ Savings Account

Select one option below for ACH transaction (automatic withdrawal) - mark "X" one option:

____ Monthly on the 1th

____ Monthly on the 20th

____ Bi-Weekly on the 1th & 15th

Amount to auto withdraw on date selected (*if bi-monthly the amount for each date*): \$ _____

ACH auto withdrawal or change request will begin July 1, 2026; otherwise indicated begin date here _____.

- ✓ Please attach a voided check, or a copy of your savings account card with this document.
- ✓ No deposit slip will be accepted.
- ✓ Your **signature is required** to process this form. Please sign "Account Owner" below.
- ✓ We will bill a \$30 charge for any overdrafts or returns on your automatic withdrawal plus any other bank charges the parish may incur.

REMEMBER to ATTACH a VOIDED CHECK with FORM....

Please indicate below the name of the depository financial institution, hereafter called DEPOSITORY, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____ City/State _____

Account Owner(s): _____

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

Account Owner Information

Name here...	Phone Number
Account Owner Signature **Required**	Date

When you sign up for the automatic withdrawal, you will automatically receive a modified packet of envelopes. It will only contain envelopes for special or diocesan collections. A full packet of envelopes is available upon request.