ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

ST. ANDREW CATHOLIC CHURCH, SALINE, MI

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

Last Name	First Name	
Address		
City	State	Zip
Email Address		

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION:
- ❑ Weekly – Mondays
- ❑ Semi-Monthly – 1st and 15th
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th

FUNDS:	AMOUNTS:
❑ General/Operating	$_____
❑ PPFF Debt Elim. Pledge	$_____
❑ _____	$_____
Total	**$_____**

ANNUAL CONTRIBUTIONS

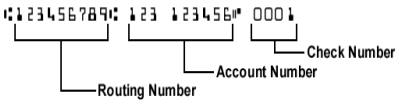
- ❑ Easter offering $ _____ Date transferred : **APRIL 1ST**
- ❑ Easter flowers $ _____ Date transferred : **APRIL 1ST**
  In Memory of (list names):
- ❑ Christmas offering $ _____ Date transferred: **DECEMBER 15TH**
- ❑ Christmas flowers $ _____ Date transferred: **DECEMBER 15TH**
  In Memory of (list names):

CHECKING / SAVINGS

Please debit my donation from my (check one):
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (attach a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

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 reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

If using a checking account, please attach a voided check at the bottom of this page.