

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PROGRAM

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Bi-Weekly Contribution Amount: \$_____ Start Date: _____
(Please note that this bi-weekly contribution is deducted every other Monday)

Account Holder's Name: _____

Bank Name: _____

Bank Routing/Transit Number: _____

Account Number: _____ Checking _____ Savings _____
(A blank voided check may be submitted instead of completing the bank information)

I/we hereby authorize St. Patrick Church to debit the above referenced account for the amount specified above. This authorization is to remain in force until the Church has received written notification of termination in such time and in such manner as to afford the Church and/or the Bank(s) a reasonable opportunity to act on it.

In the event that the Church notifies the Bank(s) that funds transferred were not entitled to the Church, I/we hereby authorize and direct the Bank(s) to return said funds to the above referenced account.

Signature(s): _____

Date: _____