



SAINTS JOACHIM & ANNE (SJA) AND SHAKOPEE AREA CATHOLIC SCHOOL (SACS)

PARISHIONER AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER (EFT)

PARISHIONER INFORMATION

Parishioner/Envelope #: _____

Last Name: _____ First Name: _____

Address: _____
City State Zip Code

Phone #: (_____) _____ - _____ Email: _____

FINANCIAL INSTITUTION

Bank Name: _____

Phone #: (_____) _____ - _____

Address: _____

City State Zip Code

TYPE OF AUTHORIZATION

- New Authorization Change Donation Amount
 Change Bank Account Discontinue EFT

ACCOUNT INFORMATION

Type of Authorization:

- Checking Account (Attach a voided check)
 Savings Account (Attach a savings deposit slip)

Routing Number: _____

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

Account Number: _____

EFFECTIVE DATE: ____ / ____ / ____

REGULAR CONTRIBUTIONS

CHOOSE ONE	REGULAR CONTRIBUTIONS	TRANSFER DATE	AMOUNT (FILL IN ONE BOX)
<input type="checkbox"/>	Weekly on Friday	Friday	\$
<input type="checkbox"/>	Semi-monthly	1st and 15th	\$
<input type="checkbox"/>	Monthly	1st	\$
<input type="checkbox"/>	Monthly	15th	\$

SPECIAL CONTRIBUTIONS

SPECIAL CONTRIBUTIONS	TRANSFER DATE	AMOUNT OF EACH
HOLY DAY OF OBLIGATION		
Mary, Mother of God	1/1	\$
Easter	Fri. before	\$
Assumption	8/15	\$
All Saints	11/1	\$
Christmas	12/15	\$
FLOWERS		
Easter Flowers	Fri. before	\$
Christmas Flowers	12/15	\$
MONTHLY CONTRIBUTIONS		
Hands of Christ	15th	\$
Building & Maintenance Fund	15th	\$
Repair Appeal Fund	15th	\$
SJA Endowment	15th	\$
SACS Endowment	15th	\$
SACS Annual Fund	15th	\$
Endowment for the Unborn	15th	\$

ACKNOWLEDGEMENT / SIGNATURE

I authorize the Parish of Saints Joachim and Anne 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: ____ / ____ / ____