

St. Nicholas Parish
Offertory Authorization Agreement
Electronic Funds Transfer (EFT)

_____	New
_____	Change
_____	Terminate

Last Name: _____ First Name: _____
(Please Print) Spouse's Name: _____

I/we hereby authorize St. Nicholas Catholic Church, 955 East Main Street, Zanesville, Ohio, to debit my/our bank account using Electronic Funds Transfer for my donation to the Parish Offertory. I certify that I/we am/are authorized to approve this transaction for the bank/savings account provided below.

I/we understand that this automatic debit will be effective until notice of change or termination is given to the Parish Office **at least two (2) weeks in advance** of the next electronic collection date. Notice of such change shall be provided **in writing** to the Parish Office.

Banking Information
(Please provide a voided check)

Name of Financial Institution: _____

Account Number: _____ (____ checking) (____ savings)

Name(s) of Account Holder: _____

Date: _____ Signed: _____

Date: _____ Signed: _____

Payment Schedule

Please debit my account based on the option selected below:

_____ 1st of the month only \$ _____

_____ 15th of the month only \$ _____

_____ 1st and 15th of the month \$ _____ each deduction

Note: Parishioners who elect to use EFT as a contribution method will continue to receive special collection envelopes.

Office Use Only

(Authorized Signature)

(Date)

Input into system by: _____ Date: _____ Effective Date: _____