



# St. Alphonsus & St. Patrick Parish

## Electronic Fund Transfer Form

|  |  |
|--|--|
| Name   | Envelope #   |
| Street Address   | (Office Use Only)  |
| City/State/Zip   |  |
| Phone #  |  |
| Checking OR Savings Account #  | Bank Routing #   |
| <i>(If Checking Account, please attach a blank voided check)</i>   |  |
| Weekly Sunday Offering (X 52 Weeks)  | \$   |
| Monthly Blue Envelope Special Needs (X 12 Months)  | \$   |
| Solemnity of Mary  | \$   |
| Easter Flowers   | \$   |
| Easter   | \$   |
| Ascension  | \$   |
| Assumption   | \$   |
| All Saints   | \$   |
| Thanksgiving   | \$   |
| Immaculate Conception  | \$   |
| Christmas Flowers  | \$   |
| Christmas  | \$   |
| <b>TOTAL YEARLY OFFERING</b>   | \$   |
| I would like my offering transferred once a month on the first Monday of the month.<br>(Divide yearly offering by 12). | I would like my offering transferred twice a month on the first and third Mondays of the month.<br>(Divide yearly offering by 24). |
| Monthly Transfer Amount \$ _____   | Bi-Monthly Transfer Amount \$ _____  |
| Signature  | Date   |
| Signature  | Date   |