

**ELECTRONIC FUND TRANSFER  
AUTHORIZATION AGREEMENT FOR  
CONTRIBUTIONS TO ST. JOHN VIANNEY PARISH**

I hereby authorize *St. John Vianney Parish Charitable Trust* to have my monthly parish support contribution charged to the following account:

\_\_\_\_\_ Bank Name                      \_\_\_\_\_ Account Number                      \_\_\_\_\_ Routing/Transit #                      \_\_\_\_\_ C/S\*

Attached is a voided check for the account to be charged for my support of St. John Vianney Parish. \*\*

Amount of MONTHLY offertory contribution:                      \$ \_\_\_\_\_

*(Please Note: EFT contributions are processed MONTHLY, not weekly,  
and we are not able to use EFT for second collections,  
only for the regular offertory collection.  
You will still need to use special envelopes for the second collections.)*

This authorization is effective until you notify us of your intent to discontinue. \*\*\*  
For this we will need a one month notice.

I understand that this monthly debit will take place on the third Tuesday of each month.

\_\_\_\_\_ Parishioner's Name (please print)

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Parishioner's Signature

\_\_\_\_\_ Date

- \* Please indicate whether the account is a checking or a savings account.
- \*\* Please attach a voided check.
- \*\*\* This authorization will become effective immediately and will continue until we receive notice from you to discontinue. To make changes or to cancel please call the St. John Vianney bookkeeping office at 864-4166, ext 203. Please give us one month's notice.

Return this form to: St. John Vianney Parish, 160 Hinesburg Rd., South Burlington, VT 05403