

**Blessed Sacrament Cathedral
Electronic Funds Transfer Program (EFT)**

I would like to donate through the Electronic Funds Transfer Program:

Name as it appears on bank account _____

Address _____

City _____ State _____ Zip _____

Church Envelope Number _____

Debit Options

Please debit my ongoing contribution from my:

(check one)

_____ Checking Account (attach a voided check)

_____ Savings Account

Routing Number _____ Account Number _____

Bank Name _____

Your Name	290	
Your Address	Date _____	
<i>Pay to the order of</i> _____ \$ _____		
_____ Dollars		
<i>Your Bank Name and Logo</i>		
<i>Memo</i> _____		
⦿ 043305092 ⦿	1234 5678	0290
↓	↓	↓
Routing Number (Always 9 digits)	Account Number	Check Number

Contribution Information

Please make my contribution effective _____ Month/Year

(check one)

_____ Weekly Withdrawal (every Friday) \$ _____

_____ Bi-Weekly Withdrawal (every second & fourth Friday) \$ _____

_____ Monthly Withdrawal (first Friday of every month) \$ _____

Authorization

I authorize Blessed Sacrament Cathedral to withdraw the amount indicated above, until I notify the parish otherwise.

Signature of Account Holder _____ Date _____