

# ELECTRONIC FUND TRANSFER

# SUNDAY CONTRIBUTIONS

Parishioners who give regularly now have the option of having their contributions automatically deducted from their bank account by Electronic Fund Transfer. If you prefer weekly envelopes, we can still provide you with envelopes. If you would like to participate in this economical and convenient way to support the parish, please fill out the form below and return it to the parish office. Your gift will then be automatically deducted. If you have any questions about Electronic Fund Transfer, please call the Parish office at 323-2379 and ask for Sheryl Buntin or Brian Droste.

*Please fill out the agreement below and return with a voided check for the account you will be using.*

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

### CONTRIBUTION AND ENVELOPE INFORMATION:

Amount of Electronic Contribution \$ \_\_\_\_\_ Your Current Env. Number \_\_\_\_\_

*(Check One)*

- Once Electronic Fund Transfer begins, please stop sending me envelopes.
- Once Electronic Fund Transfer begins, please continue to send me envelopes.

**Frequency of Contribution: (Check One)**

- Weekly (transaction will happen each Monday)
- Monthly (transaction will happen on the first Monday of each month)
- Bi-Monthly (transaction will happen on the first and third Monday of each month)

### BANK/CREDIT UNION INFORMATION

***PLEASE FILL OUT THE INFORMATION BELOW AND ATTACH AVOIDED CHECK***

Your name as shown on the financial institution records \_\_\_\_\_

Bank/Credit Union Name \_\_\_\_\_ Branch (if applicable) \_\_\_\_\_

Address of Bank/Credit Union (City, State, Zip) \_\_\_\_\_

Bank Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Type of account: (Check One)

- Checking (include voided check)
- Savings

Routing Number \_\_\_\_\_  
(9-digit number on bottom left of check)

Account Number \_\_\_\_\_

I authorize St. Gerard Catholic Church to deduct funds from the account at the financial institution named above. I understand that I can stop these automatic deductions by providing written notice to St. Gerard Church. This authorization is to remain in effect until I revoke it.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Signature(s) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE ONLY: Entered by \_\_\_\_\_ Date \_\_\_\_\_ | Letter Sent \_\_\_\_\_ Date \_\_\_\_\_ | First Dir. Dep. Date \_\_\_\_\_  
Date Revoked \_\_\_\_\_ By \_\_\_\_\_