

## Good Shepherd Catholic Church Electronic Fund Transfer Authorization

I/We hereby authorize, Good Shepherd Catholic Church, Frankfort, KY to initiate debit entries to my/our (select one)  **checking**  **savings** account indicated below and the depository named below to debit the same to such account.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_

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

### **For Offertory:**

Amount to be transferred **monthly** \$ \_\_\_\_\_

*Date of withdrawals will be the last business day of the month.*

**OR**

Amount to be transferred **weekly** \$ \_\_\_\_\_

### **For Reduce, Renew, Reach Out Capital Campaign:**

Amount to be transferred **monthly** \$ \_\_\_\_\_

*Date of withdrawals will be the last business day of the month.*

This authority is to remain in full force and effect until Good Shepherd Catholic Church and the named Depository have received written notification from me/either of us of its termination in such time and in such manner as to afford Good Shepherd Catholic Church and the Depository a reasonable opportunity to act on it.

Name(s) as listed on account \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Signature(s) \_\_\_\_\_

***Please submit form with a voided check.***