

Electronic Fund Transfer (EFT) Enrollment Form

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Company Name: **ST. JOSEPH CHURCH, EARLVILLE**

I (We) hereby authorize **ST. JOSEPH CHURCH** to initiate electronic debit entries to my account indicated below to fulfill my contribution to the parish budget. I am supplying my financial institution's (Depository's) name and my account below.

Depository Bank

City

State/Zip Code

Pledged Sacrificial Giving amount to be deducted \$_____ monthly on the 5th of each month. If the 5th falls on a weekend or holiday it will be the next working day.

This authorization is to remain in full force and effect until **ST. JOSEPH CHURCH** receives written notification from me or either of us of its termination/modification in such time and in such manner as to afford **ST. JOSEPH CHURCH** and **DEPOSITORY** a reasonable opportunity to act on it.

Print Name: _____

Signature: _____

Signature: _____ Date: _____

*****A VOIDED CHECK MUST BE ATTACHED TO THIS ENROLLMENT FORM*****

