

Saint Frances Cabrini Parish
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Please complete this form to set up Electronic Funds Transfer (EFT) for your stewardship donations.

I/we hereby authorize Saint Frances Cabrini Parish to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our account indicated below and the DEPOSITORY named below to credit and debit same entries to such account.

This authority is to remain in full force until Saint Frances Cabrini has received notification from me (or either of us) as to its termination in such time and such manner as to afford the Parish a reasonable opportunity to act.

I/we would like to donate the following amount: \$ _____ as indicated below.

CHOOSE ONLY ONE

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual Contribution | One Time (Circle your choice) | Feb 20 th OR Dec 20 th |
| <input type="checkbox"/> Semi-Annually | June and December 20 th | Two payments of \$ _____ |
| <input type="checkbox"/> Quarterly | Jan., April, July, & Oct. 20 th | Four payments of \$ _____ |
| <input type="checkbox"/> Monthly | On the 20 th of each month | Twelve payments of \$ _____ |

Bank Name _____	Branch _____
City _____	State, Zip _____
Transit/ABA Number _____	Acct Number _____
Is this a checking account _____ or savings account _____ (Check One)	

IF A JOINT ACCOUNT – BOTH PARTIES MUST SIGN

Name (Please Print)	Signature	Date
Name (Please Print)	Signature	Date

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP (if withdrawing account is Savings) FOR THE ABOVE LISTED ACCOUNT