

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. You can place these envelopes in the basket each week while having your deposit electronically transferred. 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 as you requested. If you have any questions about Electronic Fund Transfer, please call the Rectory office at 323-2379 and ask for Sheryl Buntin.

(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, continue to send me envelopes.

Frequency of Contribution: *(Check One)*

- Weekly (Each Monday, \$15 recommended)
- Monthly (First Monday, \$65 recommended)
{52x15}/12=\$65 recommended
- Bi-Monthly (First and third Mondays of each month, \$30 recommended)

Bank/Credit Union Information: *Please fill out the information below AND attach a voided check.*

Your name as shown on financial institution records _____

Bank/Credit Union Name _____ Branch (if applicable) _____

Address of Bank/Credit Union: (City, State, Zip) _____

Bank Telephone: (____) _____

Type of account: *(Check One)* _____ Routing Number _____

Checking (9-digit number on bottom left of check)

Savings 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 _____