

St. Ann Catholic Church
EFT Authorization Agreement for Automatic Payments

Name: _____ Envelope Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

I (we) hereby authorize **St. Ann Catholic Church, on the 15th of each month** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ___checking, ___savings, ___ money market account indicated below and the bank or financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit Routing Number (9 digits) _____ Account Number _____

“Spirit of Giving”: Amount _____ monthly, beginning in the month of: _____ *

Capital Replacement: Amount _____ monthly, beginning in the month of: _____ *

* Must be received by the 5th of the month in which payments are to commence.

This authority is to remain in full force and effect until **St. Ann Catholic Church and Depository** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **St. Ann Catholic Church and Depository** a reasonable opportunity to act on it.

Date: _____ Signed: _____

PLEASE ATTACH VOIDED CHECK HERE

Please mail or bring to Parish Office, or place in collection basket