

**Electronic Fund Transfer (EFT) Enrollment Form**

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

**IDENTIFY YOUR PARISH: please check off your parish in one of the boxes below**

<input type="checkbox"/>	<b>St. Francis of Assisi - Balltown</b>
<input type="checkbox"/>	<b>Holy Trinity - Luxemburg</b>
<input type="checkbox"/>	<b>Ss. Peter and Paul - Sherrill</b>

<input type="checkbox"/>	<b>Holy Cross Church - Holy Cross</b>
<input type="checkbox"/>	<b>St. Joseph Church - Rickardsville</b>

I (we) hereby authorize the above named parish (checked off parish) 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 Bank's) name and my account below.

\_\_\_\_\_  
Depository Bank

\_\_\_\_\_  
City, State, Zip Code

I agree that my pledged Sacrificial Giving amount of \$\_\_\_\_\_ (identify monthly amount) will be deducted on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a weekend or holiday, I understand that my bank account will be debited on the next business day.

This authorization is to remain in full force and effect until the parish (check off parish, same as above)

<input type="checkbox"/>	<b>St. Francis of Assisi</b>
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<input type="checkbox"/>	<b>Holy Cross</b>
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<input type="checkbox"/>	<b>Holy Trinity</b>
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<input type="checkbox"/>	<b>St. Joseph Church</b>
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<input type="checkbox"/>	<b>Ss. Peter and Paul</b>
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receives written notification of its termination/modification in such time and in such manner as to afford the parish and the depository bank a reasonable opportunity to act on it.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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