St. Cecilia Parish Electronic Offertory Electronic Funds Transfer (EFT) Enrollment/Authorization Form

Based on the instructions noted below, I authorize St. Cecilia Church to charge (debit) my bank account using Electronic Funds Transfer for my donation to the parish offertory. I certify that I am authorized to approve this transaction for the bank account provided below.

I understand that this automatic charge (debit) will be effective until notice of change or termination is given to the parish office at least two (2) weeks in advance of the next electronic collection date. Notice of such change shall be provided in writing to the parish office.

Banking Information		(Please provide a voided check . The form must include the bank's routing/transit number.)				
Name of fina	ancial instituti	on				
Routing and	l transit numb	er				
Account number				checking	savings	
Name of ac	count holder _					
Payment S	Schedule	•		er to record the deduction in your k overdraft protection is advisable.)		
Please char	ge (debit) my	account based	on the opti	ions selected	below:	
<u>Monthly</u>	5 th of the month only		Ç	\$	00	
	20 th of the month only			\$	00	
	5 th and 20 th of the month			\$	00	
<u>Quarterly</u>	All quarterly payments will be charged (debited) on the 20 th of					
	January, Ap	oril, July, and Oc	tober.	\$	00	
	nd Easter off	erings will be col e holiday month		a separate El	FT charged	
	Christmas \$.00) Easter S	\$	00	
		elect to use EF			nod will continue ections.	
(Authorized signature required)				(Date)		
Office use only	v: Now Cha	ingo Torminato	Effective	ve on collection o	Nato	