



Electronic Funds Transfer Enrollment

Your Information

Name(s) on Account: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Your Contribution Information

Bank Name: _____

Type of Account: **Checking** (please include a voided check) **Savings**

Bank Routing Number: (9-digit number on the lower left hand corner of check)

--	--	--	--	--	--	--	--	--

Account Number: _____

Amount of offering: \$ _____ Frequency: (check one) **Weekly** **Monthly**

Capital Campaign: If you would like to fulfill your Capital Campaign pledge via an EFT, please enter the amount to transfer monthly: \$ _____

This is a: **First-time EFT Enrollment** **Change to an Existing Transfer**

Your Authorization

I authorize St. Michael Church to initiate debit entries as instructed above. This authorization shall remain in full force and effect until I cancel it in writing by sending notice to the parish office at least 30 days prior to the date of the next scheduled debit. I understand that:

- I am responsible for notifying St. Michael Church if I close this account.
- I am responsible for all charges, should this debit cause an overdraft to my account.

Signature: _____ Date: _____

IMPORTANT: This form must be signed by the parishioner requesting automatic debit of offertory donation and retained on file by St. Michael Church. Parishioner must attach a voided check to help verify account and bank routing numbers. Weekly funds transfers will be executed by the following Wednesday. Monthly transfers will be executed by the Wednesday following the first Sunday of the month.

Mail to: St. Michael Church
60 Liberty Street
Pawcatuck, CT 06379

OR

Return by way of the
collection basket