

SAINT JOSEPH PARISH

ELECTRONIC FUND TRANSFER (EFT) ENROLLMENT FORM

I/We will make the following contribution in support of Saint Joseph Parish. I/We understand that any changes or adjustments may be done by contacting the Parish Office.

New **Change** **Cancellation** **Effective:** _____

Donor Name(s)/Contact Information

First Name(s): _____ Last Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

Church Envelope #: _____

Banking/Contribution Information

I/We would like to begin making a contribution from:

Checking (*attach voided check*)

Savings (*attach deposit slip*)

ROUTING # (9 digits) _____

ACCOUNT # _____

I/We would like a recurring donation of: \$ _____

To be withdrawn: Weekly (*every Friday*)

Monthly (*last business day*)

I/We **currently** have an active EFT enrollment and want to increase my/our donation to:

_____ Weekly (*every Friday*) Monthly (*last business day*)

Authorization

I/We authorize Saint Joseph Parish to withdraw the amount indicated above until I/we notify the Parish otherwise.

Acct. Holder Signature(s): _____ Date: _____

_____ Date: _____