

# MOUNT SAINT PETER PARISH

## ELECTRONIC FUND TRANSFER (EFT) ENROLLMENT FORM

I/We will make the following contribution in support of Mount Saint Peter 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To be withdrawn:  Weekly (*every Friday*)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** are enrolled in the EFT Program and want to increase our donation to:

\_\_\_\_\_  Weekly (*every Friday*)       Monthly (*last business day*)

### Authorization

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

Acct. Holder Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_