

Saint Francis de Sales Parish
Lebanon, OH 45036
Authorization for Electronic Funds Transfer of Contributions

CHECKING ACCOUNT

This authorizes St. Francis de Sales Parish to withdraw \$_____ per month.

from my **checking account** as my stewardship contribution to the Parish. (Weekly withdrawals are made on Wednesdays; monthly withdrawals are made on the 15th of the month, quarterly on the 15th of the first month of the quarter.)

Please attach a VOIDED check.

Name of Bank _____

Routing # _____ Account # _____

I agree that this authorization will remain in effect until I notify St. Francis de Sales Parish in writing.

Name _____ Envelope # _____

Signed _____ Date _____

SAVINGS ACCOUNT

This authorizes St. Francis de Sales Parish to withdraw \$_____ per month.

from my **savings account** as my stewardship contribution to the Parish. (Weekly withdrawals are made on Wednesdays; monthly withdrawals are made on the 15th of the month, quarterly on the 15th of the first month of the quarter)

Please attach a savings deposit form.

Name of Bank _____

Routing # _____ Account # _____

I agree that this authorization will remain in effect until I notify St. Francis de Sales Parish in writing.

Name _____ Envelope # _____

Signed _____ Date _____
