

**ST. MICHAEL PARISH
ELECTRONIC FUND TRANSFER
PAYMENT AUTHORIZATION FORM**

Church, School, or Diocese Name	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following:	
<input type="checkbox"/> New Payment from Account Specified Below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.	

Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date / /	

You may select more than one fund to contribute to. Each different fund can only be deducted one time each month.

Contribution Schedule				
Fund Type <small>(e.g., Rel Ed Tuition, St. Vincent De Paul, Preschool Tuition, etc.)</small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small>(Choose one date for withdrawal from your account)</small>
Sunday Offertory	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <small>(2x/year)</small>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th
Capital Improvement Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <small>(2x/year)</small>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th
School Tuition	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <small>(2x/year)</small>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th
Other:	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time <small>(2x/year)</small>	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 25 th <input type="checkbox"/> 15 th

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$ _20.00_____ nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

For checking or savings account debits, please attach your voided check or savings deposit slip.