

Electronic Fund Transfer (EFT) Enrollment Form

- I hereby authorize St. Catherine of Siena Church to initiate debit entries to my (circle one)

Checking

Savings

account as it appears on the attached voided check or pre-pre-printed deposit slip.

- I request the amount of \$ _____ be debited (circle one):

Weekly

Monthly on 1st

Monthly on 15th

- I request an effective start date of: _____

- I understand that this authority will remain in effect until I send written instructions to the Church.

Signature

Date

Phone Number

Mailing Address

Email Address

Please mail this form to St. Catherine of Siena, 302 St. Catherine Circle, Ithaca, NY 14850 or place it into the offertory basket in an envelope marked "EFT".

NOTE: A voided check or pre-printed deposit slip must be attached.