

# ***St. Mary Catholic Parish***

*10601 Dexter-Pinckney Road*

*Pinckney, MI 48169*

*734-878-3161*

## ***Authorization Agreement for Electronic Fund Transfer***

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Amount to be transferred:

Contributions \$ \_\_\_\_\_ Weekly: Y / N Monthly: Y / N

Special Collections \$ \_\_\_\_\_ each

Building Fund \$ \_\_\_\_\_ Weekly: Y / N Monthly: Y / N

Start Date: \_\_\_\_\_ (If monthly, please choose the 1<sup>st</sup>, 15<sup>th</sup>, or 25<sup>th</sup> of the month)

### **Account Information**

Bank or Financial Institution Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

ABA or Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_ Checking: \_\_\_\_ Savings: \_\_\_\_

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

*I hereby certify that I am the legal owner of the account listed above. This authorization is to remain in effect until St. Mary Catholic Parish has received written notice from me to change the terms I have stipulated.*