

ST. MARIA GORETTI PARISH

***AUTHORIZATION AGREEMENT –
for electronic funds transfer (EFT)***

Directions:

- 1: Complete all the sections below. If your account is a joint account, both account holders must sign this form.**
- 2: Attach a voided, unsigned check to this form. (If a savings account, please attach a bank letter with routing and bank number listed)**
- 3: Keep a copy of this completed form for your files.**
- 4: Return the completed, signed form and the voided check to: St. Maria Goretti Parish,
Attn: Business Office, 5313 Flad Ave., Madison, WI 53711.**

I (we) hereby authorize St. Maria Goretti Parish to initiate withdrawals from my (our) checking/savings account and if necessary, any adjustments for entries in error to my (our) account indicated below and the depository, St. Maria Goretti Parish at M&I Marshall & Ilsley Bank, Madison, WI 53719,

This authority is to remain in full force and effective until St. Maria Goretti Parish has received written notification from me (or either of us) of its termination and to give St. Maria Goretti Parish and M&I Marshall & Ilsley Bank a reasonable opportunity to act on it.

Name of Financial Institution:

Name: - (Please print)

Env. #

Signature:

Date:

Name – (Please print)

Signature

Date:

E-Mail address: (for parish use only)_____

Please check one of the following:

_____My monthly Sunday envelope support is \$_____. (Deduction will be on the 1st of the month.)

_____My monthly Sunday envelope support is \$_____. (Deduction will be on the 15th of the month.)

_____My semi-monthly Sunday envelope support is \$_____. (Deductions will be on the 15th and 30th of the month.)