

# St. Paul on the Lake Catholic Church

## Electronic Funds Transfer (EFT)

### Authorization Form

Parishioner Information		
Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Church Envelope Number:	Other:	
Banking Information		
Please debit my donations from my <b>(check one)</b> : <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <i>Enclose a voided check or deposit ticket.</i>	Routing number:	
	Account number:	
Donation Information		
Date of first donation:	Frequency of donation <b>(check one)</b> :	Amount:
____ / ____ / ____	<input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Semimonthly - 1st and 15th <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th	\$ _____
Agreement		
<i>I authorize St. Paul on the Lake and Vanco Services, LLC to process debit entries to my account listed above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization in writing.</i>		
Authorized signature: _____ Date: ____ / ____ / ____		
PARISH OFFICE USE ONLY		
Effective date of authorization:	Type of Transaction <b>(check one)</b> :	St. Paul on the Lake: ES6260
____ / ____ / ____	<input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information	Notes: