

EFT REMINDER

With the summer months here, please consider signing up for Electronic Funds Transfer for your weekly and monthly contributions for your convenience and for the financial stability of our parish. For information, please call Sharon in the parish office OR you if you would like to sign up you can just fill out the form below and return it to Sharon's attention in the parish office.

ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

Name on Account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <input type="checkbox"/> New Payment from Account specified below <i>(Choose either a bank account or credit card. One account only, please.)</i> <input type="checkbox"/> Change indicated below <input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund specified below. 	

Account Information	
<i>(Choose either Bank Account or Credit Card. Provide information below for one account only.)</i>	
Bank Account Information	Credit Card Information
Bank Name	Credit Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Account Type <input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>	
Routing Number	Credit Card #
Account Number	Credit Card Expiration Date
Authorization Effective Date / /	Authorization Effective Date / /

Contribution Schedule					
Fund Name	Payment Schedule	Amount	Payment Start Date	Collection Date <i>(Choose one date for withdrawal from your account)</i>	Down Payment <i>(if applicable)</i>
Weekly Offertory Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <i>(2x each year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> Cancel	\$
Monthly Maintenance and Repair Fund	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi -Annually <i>(2x each year)</i> <input type="checkbox"/> Annually	\$		<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> Cancel	\$

I authorize Our Lady Comforter of the Afflicted, Waltham, Massachusetts 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 \$25.00 non-sufficient 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.