

**St. Patrick Catholic Church**  
705 Main Street  
Cedar Falls, Iowa 50613  
(319) 266-3523      [www.saintpatrickcf.org](http://www.saintpatrickcf.org)

**Electronic Funds Transfer (EFT) Enrollment Form  
Authorization Agreement for Pre-Authorized Payments**

Company Name:    **St. Patrick Catholic Church**

I hereby authorize **St. Patrick Catholic Church** to initiate electronic debit entries to my account indicated below to fulfill my stewardship contribution to the parish operating budget. I am supplying my financial institution's (depository's) name and my account information below:

Depository Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Debit my            Checking Account: \_\_\_\_\_            Savings Account: \_\_\_\_\_

**Amount and Frequency of Debit entries**

\$ \_\_\_\_\_ Weekly (every Monday)

\$ \_\_\_\_\_ Monthly (the 5<sup>th</sup> day of each month)

\$ \_\_\_\_\_ Monthly (the 20<sup>th</sup> day of each month)

This authorization is to remain in full force and effect until **St. Patrick Catholic Church** has received notification from me of its termination or modification in such time and in such manner as to afford **St. Patrick Catholic Church** and my Depositor a reasonable opportunity to act on the termination or modification of this agreement.

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

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

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

**A Voided Check MUST be Attached to this Enrollment Form**

Please print this page and complete the form. Be sure to sign the form, attach a voided check, and return it to Saint Patrick's Catholic Church.

**"Let us go rejoicing to the house of the Lord." Psalm 122:1  
150 years of Faithful Generations 1855 - 2005**