

ELECTRONIC DONATION AUTHORIZATION FORM

Electronic Fund Transfer (EFT) for Financial Contributions: Members of Christ Our Light Catholic Parish can make their regular Sunday, Christmas, and Easter contributions via an Automatic Plan just by filling out this authorization form.

Your contribution will be drawn from your bank account on the date indicated in your schedule choice(s). If the date falls on a weekend or a bank holiday, your contribution will be drawn on the following business day. If you would like to participate in the Automatic Plan, simply fill out this authorization form, attach a voided check or savings deposit slip and return it to the Christ Our Light Parish office. You may cancel your authorization at any time by simply contacting the Parish Office. If you choose to use the Automatic Plan, you can continue receiving the monthly envelope packet at home that includes envelopes for special collections. If you have any questions, please contact the parish office at 763-389-2115.

Christ Our Light Catholic Parish

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		Date of first Donation: ____/____/____	
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date		<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation	
Last Name		First Name	
Address		Phone #	
City		State	Zip
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ **Valid Routing # must start with 0,1,2, or 3 Account Number _____	
<u>Weekend Offering:</u> Amount (per selected frequency) \$ _____ Frequency of Donation: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly- 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		<u>Special Contributions:</u> Christmas Offering (Annual) \$ _____ Easter Offering (Annual) \$ _____ <hr/> Building/Capital Campaign. \$ _____ Frequency of donation: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly on 1 st <input type="checkbox"/> Monthly on 15 th	
Agreement: <input type="checkbox"/> Help Cover Costs: Please add a \$2.50 donation to my transactions to offset processing fees. I authorize Christ Our Light Catholic Parish to process debit entries to my account. I understand that this authorization will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____		Date: _____	

***Please attach voided check or savings deposit slip
for new authorizations***