

St. Mary's Electronic Fund Transfer Form

Name: _____
(Last, First)

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Transfer Process Information

Checking Information: _____ Bank Bene. # _____
(Office assigns)

Bank Name: _____

Bank City & State: _____

Bank Routing # _____
(9 Digit Number at Bottom of Check)

Checking Account # _____

Contribution Information

Please Charge My Account:	Weekly	Bi-Weekly (Every other week)	Monthly
Contribution to General Fund:	\$ _____	\$ _____	\$ _____
Contribution to Building Maintenance Fund:	\$ _____	\$ _____	\$ _____
Contribution to Charity	NA	NA	\$ _____

Signature _____ Date: _____